DEFENDANT'S EXHIBIT A-1

AFFIDAVIT

STATE OF ALABAMA)
)
_____COUNTY)

I, Vealinda Pruitt, hereby certify and affirm that I am a medical records clerk, at Staton Correctional Facility that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Pugh, Cedric, AIS# 182378; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Staton Health Care Unit and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the Thurs. day of 6-1-05 2005

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

1 **Day of** June, 2005

Charlsteal Thomas
Notary Public

4/4/2010
My Commission Expires

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Pugh, Cedric AIS# 182373

Medication Allergies: _____

Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
11/2005	Asthma			

**If Asthmatic label: Mild – Moderate – or Severe.

PROBLEM LIST

NKA

Name Pugh Cedric

ID # 187373

D.O.B. [redacted]

Medication Allergies NKA

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
	Asthma		JMF
	HEPATITIS B VACCINE (RECOMBINANT) ENGERIX-B® 20mcg/mL B LOT EXP. ENG3384B6 11/03/03		
2/14/01			BA
3/14/01	HEPATITIS B VACCINE (RECOMBINANT) ENGERIX-B® 20mcg/mL B LOT EXP. ENG5179B6 05/23/02		BA
	HEPATITIS B VACCINE (RECOMBINANT) ENGERIX-B® 20mcg/mL B LOT EXP. ENG3384B6 11/03/03		
8/15/01		BA	
5-2-02	Mental Health - none		cc
5/14/15	HTN		DA
↓	Back & elbow pain		↓
	Scalp warts		

01/9

PHYSICIAN'S ORDERS

MEDICATIONS	HOUR	ORDERS
Motrin 600mg. tabs i p.o. TIDx 3dys. start 4/13/99 stop 4/16/99	0500 1100 1600	

MEDS REVIEWED BY: Date

PHYSICIAN'S SIGNATURE

CHARTING FOR 4/1/99 THROUGH 4/30/99

Physician Fish

Telephone No.

Alt. Physician

Alt. Telephone

Allergies NKA

Rehabilitative Potential

Diagnosis

id Number

Medicare Number

Complete Entries Checked:

By: Skinner LPN

Titl

PATIEN

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Elmore

Resident's Name: Pugh, Cedric ID# 182373

D.O.B. [redacted]

I, Pugh, Cedric (Name of Inmate) have, this day, knowing that I have a condition requiring medical care as indicated below:

- X A. Refused medication.
- ___ B. Refused dental care.
- ___ C. Refused an outside medical appointment.
- ___ D. Refused laboratory services.
- ___ E. Refused X-Ray services.
- ___ F. Refused other diagnostic tests.
- ___ G. Refused physical examination.
- ___ H. Other (Please specify)

blood pressure medication

Reason For Refusal "I don't really like takin' pills"

Potential Consequences Explained blindness / kidney disease / heart disease or attack Stroke

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Witness Signature

Witness Signature

Patient Signature Cedric Pugh

Date 03/21/06

Time 1110

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 3/20/06 Time: 950p Facility: Elmore

Check all applicable CIC's being evaluated: ✓ Card/HTN __DM __GI __ID __PUL __SZ __TB

SUBJECTIVE: FHM @ HTN @ DM @ CHD/MI @ tendency DM Current ⊕ Smoker x 2yrs Intermittently Exercise weight/walk

OBJECTIVE: BP 138/90 HR 84 RR 20 Temp 98.1 Wt 216 Peak Flow ___ Oxsat 98%

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities,; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

HTN 2003

refuses medication therapy. DC'd 06 HCTZ/Zestoretic 12/05 Because he refused to take med.

AOX3 NAD noted. @ CARDIOTID RHYTHM W/ RRR Lungs CTAB abd BS ⊕ SOA @ masses & tenderness EOMI/PERRLA

5/05 LDL/HDL/TRIG

12/05 10 / 103 / 78 / 1.1 / 5.0

Chol 168 Trig SO HDL 44 LDL 134

@ SOB @ dyspnea @ visual probs @ headache @ urinary probs @ rectal exam

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM				HTN/CARD				SZ				PUL				ID				GI				OTHER			
Degree of Control				Degree of Control				Degree of Control				Degree of Control				Degree of Control				Degree of Control				Degree of Control			
	G	F	P		G	F	P		G	F	P		G	F	P		G	F	P		G	F	P		G	F	P	
Status				Status				Status				Status				Status				Status				Status			
	I	S	W		I	S	W		I	S	W		I	S	W		I	S	W		I	S	W		I	S	W	

PLAN: ⊕ HTN Chart Reviewed, Pt signed waiver re: refusal to take Bp medication waiver in chart & signed w/ DOC Officer Goal Bp ≤ 120/80 Discussed complications of Bp blindness/CVA/CAD/renal failure/dz

F/U: Routine 90 days: ✓ Other ___ **Problem List Updated:** Yes (No)

⊕ Education low salt diet Low fat diet Exercise daily

Physician/(NP)/PA

Pugh, Cedric
NAME

182373
AIS#

M
GENDER

B
RACE

[redacted]
DOB

✓ 04/06 fasting

DOB: [redacted] Race: B Gender: M

Physician's Chronic Care Clinic

Date: 11/30/05 Time: 1058 Facility: Elmore

Check all applicable CICs being evaluated: ✓ Card/HTN __DM ✓ GI __ID __PUL __SZ __TB

OBJECTIVE: BP 112/82 HR 92 RR 20 Temp 98.5 __Wt 219 Peak Flow ____
97% O2 Sat

NKA

HTN

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities,; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

HCTZ 25mg
Zantac 150mg

States have not taking my Bp medications x 6 months"
Diagnosed 3yrs ago w/ Bp

CPM 5/05
5/27/05
BUN 7/creat 1.1
AST 16 / ALT 20
Chol 179
Trig 87
HDL 43
LDL 119 ↑

AA&O3 NAD noted
Ø carotid bruits
CV NRR
Lung CTAB
abd BS ⊕ soft
Ext w/o edema

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI (circled)	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G (F) P	G F P	G F P	G F P	G (F) P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I (S) W	I S W	I S W	I S W	I (S) W	I S W

PLAN: ① HTN CPM D/C HCTZ
② GERD CPM D/C Zantac
} Patient refuses medications

F/U: Routine 90 days: ✓ Refusal of medication treatment form Signed & witnessed w/ DOC

Other ____________

Physician: [signature] M

✓ Eye exam ✓ UA
✓ Profile 2

Problem List updated: Yes (No)

(01/2003)

INMATE NAME	NUMBER	AGE	RACE/SEX
Pugh, Cedric	182373		B/M

Physician's Chronic Care Clinic

Date: 4/15/05 Time: 9:25 Facility: Elmore

Check all applicable CICs being evaluated: ✓ Card/HTN __DM ✓ GI __ID __PUL __SZ __TB

OBJECTIVE: BP 132/88 HR 60 RR 18 Temp 98.4 Wt 221 Peak Flow ____ O2 sat 98%

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities,; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

25 y/o BM c/o ↑BP since 2003 BP has been up/down; Bill recommended 2 meds, but I only took once. I eat a lot of salt. FH ? GM c HTN / (+) for DM / 1 GM / GF c stroke

(1) Eye grounds - NL   legs 5 = [illegible]

Neck No bruit;   Abd soft - [illegible]

Lungs CV

Ht 5 reg

Abd · 5 bruits

Pt was on HCTZ - but nothing for 2 months

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's ~~Visit. Degree of Control: G=Good, F=Fair, P=Poor~~
~~Status: I=Improved, S=Stable, W=Worsened~~

DM			HTN/CARD (circled)			SZ			PUL			ID			GI			OTHER		
Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control		
G	F	P	G (circled)	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P
Status			Status			Status			Status			Status			Status			Status		
I	S	W	? I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W

PLAN: (1) Low salt diet
(2) Hold HCTZ & all BP meds for now
(3) BRV qd x 14 days

F/U: Routine 90 days: ✓

Other ____________

[signature] MD
Physician

Problem List updated: Yes No (No circled)

(01/31/05)

INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:

PRISON HEA

Date: 5/18/8

Check all app

SUBJECTIVE

C/o Back pa
C/o Burnin

OBJECTIVE:

NOTE: PE
Com

170
90

Fundus
Chest
CV
Abd
Scalp
Joints

ASSESSMEN

DM		
Degree of Control		
G	F	P
Status		
I	S	W

PLAN: HC
BE

HEALTH CARE UNIT

PATIENT INFORMATION SLIP

VCF
INSTITUTION

Pugh, Cedric — NAME
182973 — NUMBER
B/M — R/S

Lay-in for 2 days from 2-19-98 (date) to 2-21-98 (date) due to AN ABRASION

Instructions: Bed rest x48hrs.

Failure to follow the directions above may result in a disciplinary.

Date Issued: 2-19-98

Signature: [signature]

F-53

ender M

ni twice a cul
swelling x 1yr

l-organ
s,

34 ppul
monitor

ng today's

OTHER		
Degree of Control		
G	F	P
Status		
I	S	W

(L) elbow, LS spine / CXR, EKG / Eye Exam Panel II w/ CBC UA urine microal

F/U: Routine 90 days: ______

Other 6wks F/U

Zantac 150 mg BID X180 d/KOP

Physician CRNP [signature]

Problem List updated: (Yes) No

(Revised 2/28/05)

PHS
PRISON HEALTH SERVICES INCORPORATED

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		√	Last weight at least 6 months ago
Persistent Cough		√	
Chest Pain		√	
Blood in Urine or Stool		√	
Difficult Urination		√	
Other Illnesses (Details)		√	
Smoke, Dip or Chew		√	
ALLERGIES		√	

Weight 220 Temp 97° Pulse 56 Resp 20 Blood Pressure 120/82
If greater than > 140/90, repeat in 1hour.
Eye Exam: 20/25 OD 20/25 OS 20/25 OU
Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 10/12/05 Site LFA Read on 10/14/05 Results 0 mm
Past Positive TB Skin Test → (Chest x-ray if clinical symptoms)	**Survey Completed** N/A Date N/A Results
RPR (q 3 yrs)	Date 10/12/05 Results
EKG (baseline at 35, over 45 q 3 yrs)	N/A
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 1997 Due 2007 Site given — Dose — Lot # —
Optometry Exam (@ 50 if not already seen)	N/A
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date N/A Results

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Heart	Reg Rythm
Lungs	Clear
Breast Exam	N/A
Rectal (yearly after 45)	Results N/A
with Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Date N/A Results

Facility Elmore Nurse Signature Diane Stolarski RN Date 10-12-05

M.D. or Mid-Level Signature [signature] Date 10-21-05

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Pugh, Cedric	182373	[redacted]	B/M

69513-A1

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK		√
TB TEST CURRENT	√	
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE		√

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: [signature] DATE: 10/12/05

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: Cedric Pugh DATE: 10-12-05

EXPIRATION DATE: 10/2006

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC
Pugh, Cedric	182373	[redacted]	B/M	E/Main

PHS-MD-70042 **(White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))**

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Ollie M Pugh	Mother	
Name	Relationship	
100 Song Bird Lane		738-334-2246-
Street Address		Phone Number
Union Springs Al.	ALA	36089
City	State	Zip Code
Cedric Pugh	[redacted]	[redacted]
Inmate Signature	Doc# S.S.#	Date
Witness	12/12/05	Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
Pugh, Cedric	182373	[redacted]	B/M	ETNOP

PHS-MD-70003 (White – Medical Record, Yellow – Active File, Pink – Control Center)

NOTE: Print firmly using blue or black ink to complete form.

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, ALabama 36130-3017

TB
Skin Test Report

County Code: 45 | Target Testing: ☐ | PROJECT: 20011 | CHR#: 182373

Last Name: ~~CEDRIC~~ PUGH

First Name: CEDRIC | MI: R

Patient Home Address: 100 SONG BIRD LANE

City: UNION SPRINGS

State: AL | Zip Code: 36089

Home Phone: 334-738-2246

SSN: [redacted]

Date of Birth: [redacted]

SEX: (●) M ( ) F

Race: ( ) W (●) B ( ) AI ( ) A ( ) AN ( ) H/PI ( ) O

ETHNICITY: Hispanic or Latino: ( ) YES (●) NO

Test Administered By:
- ( ) TB Staff
- ( ) PH Nurse
- (●) Other

Site Test:
- ( ) Health Department
- (●) Other

Reason Tested:
- ( ) Health Care Worker
- ( ) Medical Risk
- ( ) Shelter
- ( ) Student
- ( ) Occupational
- ( ) Foreign Born
- ( ) Homeless
- (●) Jail/Prison
- ( ) Not at Risk

Contact to Case/Suspect: ( ) YES (●) NO

Risk Categories:
- ( ) A
- (●) B
- ( ) C

PPD ONE:

Provider#: | Lot#: 002541

Date of Test: 09-11-2004

Antigen: ( ) AP ( ) TU

Provider#: | Date Read: 09-13-2004

Result: ___ mm ( ) Not Read

PPD TWO:

Provider#: | Lot#: 002541

Date of Test: 10-20-2004

Antigen: ( ) AP (●) TU

Provider#: | Date Read: 10-22-2004

Result: 00 mm ( ) Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES	✓		SINUS

Weight 203 Temp 98.3 Pulse 66 Resp 18 Blood Pressure 132/78

If greater than > 140/90, repeat in 1hour.

Eye Exam: ____OD ____OS ____OU **Refer to M.D. if remains > 140/90.**

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 9/11/04 Site L forearm Read on ____ Results ____ mm
Past Positive TB Skin Test →	**Survey Completed** ____
(Chest x-ray if clinical symptoms)	Date ____ Results ____
RPR (q 3 yrs)	Date 5-7-02 Results NR
EKG (baseline at 35, over 45 q 3 yrs)	N/A
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 1997 Due 2007 Site given ____ Dose ____ Lot # ____
Optometry Exam (@ 50 if not already seen)	____
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date N/A Results ____

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Heart	____
Lungs	____
Breast Exam	____
Rectal (yearly after 45)	Results ____
with Hemoccult	Results ____
Pelvic and PAP (q 1 yr)	Date ____ Results ____

Facility Bibb Nurse Signature B Kellum Date 9/11/04

M.D. or Mid-Level Signature ____ Date ____

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Pugh, Cedric	182373	[redacted]	BM

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Ollie M Pugh	Mother	
Name	Relationship	
100 Song Bird LANE		334-738-2246
Street Address		Phone Number
Union Springs	AL	36089
City	State	Zip Code
Cedric Pugh	182373	9/11/04
Inmate Signature	Doc# S.S.#	Date
BKelley RN		9/11/04
Witness		Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC
Pugh, Cedric	182373	[redacted]	BM	Bibb

PHS-MD-70003 (White – Medical Record, Yellow – Active File, Pink – Control Center)

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	___	✓
TB TEST CURRENT	✓	___
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	___	✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: B Kellum DATE: 9/11/04

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: X Cedric Pugh DATE: 9/11/04

EXPIRATION DATE: 9/11/05

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Pugh, Cedric	182373	[redacted]	BM	Bibb

PHS-MD-70042 **(White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))**

NAPHCARE
PERIODIC HEALTH ASSESSMENT

I. HISTORY – (Nurse)

	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)		✓	Last weight at least 6 mos. ago 196
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew	✓		5mk 1pk day
ALLERGIES	✓		Sinus

Weight 185 Temp 98.6 Pulse 96 Resp. 18 B.P. 122/80

II. TESTING – (Nurse)

	RESULTS
*Tuberculin Skin Test (q yr.) (chest x-ray if clinical symptoms)	Date given 5-1-02 Site LFA
*RPR (q3yrs)	Read on 5-3-02 Results 0 mm
EKG (baseline at 35, over 45 q 3 yrs)	Date 5-1-02 Results N/A
Cholesterol (at 35 then q 5 yrs.)	N/A
Tetanus/Diptheria (q10 years)	Last given 8-97 Due 2007
If Done Today:	Site given Dose Lot #
Optometry exam (age 50 if not already seen)	N/A

III. PHYSICAL RESULTS

Heart	RRR
Lungs	Clear
Breast (q2 yrs. p 30)	Date N/A Results
Rectal (yearly p50)	Results N/A
With Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Date N/A Results

Emergency Addressee Beverly Mayhand 205-592-9444
Address 1408 Apt D 24th Stn N - B'Ham, AL 25234 Phone#
Facility Hamilton W/R Nurse Signature [signature] Date 5-1-02
Physician Signature Date 5/2/02
DOB [redacted] AGE 26 RACE B SEX M SSN [redacted]
Inmate Name Pugh Cedric AIS # 182323

NaphCare

Tuberculin PPD for Inmates

Initial Skin Test

Date Given: 5-1-02 Date Read: 5-3-02

Site Given: LFA Size: Ø mm

Lot #: 00341P

Nurse: JSizemore, LPN Nurse: JSizemore, LPN

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Cedric Pugh — Inmate Signature — Date: 5/1/02

JSizemore, LPN — Witness Signature — Date: 5-1-02

Inmate Name:	ID #:	Race:	Location:
Pugh, Cedric	182373	B/M	Hamilton W/R

NAPHCARE

Annual Health and TB Screening for Inmates

Facility Staton

Date Given: 5/8/03

Site Given: L Arm

Lot# 4525G261

Nurse [signature]

Date Read 5-11-03

Size in M.M. Neg

Nurse [signature]

Note: **Past Positives and conversions**, use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 200 Previous Weight 185 B/P 110/78

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. ~~done and attached~~	(Yes) or No
Productive cough	Yes or (No)
Any bleeding	Yes or (No)

Emergency contact Ollie M Pugh Phone# 334-738-2246

Address P.O. Box 334 Midway Al 36053

Inmate signature Cedric Pugh Date 5/8/03

Witness signature [signature] Date 5/8/03

DOB [redacted] AGE 27 Race B SEX M SSN [redacted]

Inmate Name Pugh Cedric AIS# 182373

NC-069

NAPHCARE
Annual Health and TB Screening for Inmates

Facility WDF

Date Given: 6/22/01 Date Read _____

Site Given: LFA Size in M.M. _____

Lot# C0521AA

Nurse B Clark L Nurse _____

Note: **Past Positives and conversions,** use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight _____ Previous Weight 189 B/P _____

	circle
Recent chest pain	Yes or No
Kitchen clearance assess. done and attached	Yes or No
Productive cough	Yes or No
Any bleeding	Yes or No

Emergency contact _____ Phone# _____

Address _____

_____

Inmate signature X _____ Date _____

Witness signature B Clark L Date _____

DOB [redacted] AGE 25 Race B SEX M SSN [redacted]

Inmate Name Pugh, Cedric **AIS#** 182323

Health Education
Food Service Worker Guidelines

Caps

1. Put cap on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or cap when handling food.

Handwashing

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

Sickness

all kitchen officer if you feel ill, or if you have diarrhea or a rash.

ave received education on hand washing and personal hygiene, and I understand the need for th, especially when handling food on kitchen detail.

Y
Inmate's Signature

Date

Nurse's Signature

6/22/01
Date

PERIODIC HEALTH ASSESSMENT

I. HISTORY	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)	___	X	Last Weight at least 6 mo.'s ago: 180# 6/99
Persistent Cough	___	X	
Chest Pain	___	X	
Blood in urine or stool	___	X	
Difficult urination	___	X	
Other illnesses (details)	___	X	
Smoke, dip, or chew	X	___	1/2 ppd
ALLERGIES	___	X	

Weight 189 Temp. 98.4 Pulse 72 Resp. 18 B.P. 112/70
Eye Exam: Without Glasses O.D. ___ O.S. ___ O.U. 20/20
With Glasses O.D. ___ O.S. ___ O.U. ___

II. TESTING	RESULTS
Tuberculin skin test (q yr)	Date given 6/2/00 Site LA
(Chest x-ray if clinical symptoms)	Read on 6/4/00 Results 0 mm
RPR (q 3 yr.)	Date 8/97 Results NR
Urine dip (yearly)	Results 209
(Glu, Pro, RBC, WBC)	
EKG (baseline at 35, >45 q 3 yr.)	NA
Cholesterol (at 35 then q 5 yr.)	NA
Tetanus/diphtheria (q 10 yr.)	last given 8/97 due 2007
If done today	Site given ___ Dose ___ Lot ___

III. PHYSICAL	RESULTS
Heart	WNL
Lungs	clear
Breast (q2 yr. p 30)	Date ___ Results ___
Rectal (yearly p 45)	Results ___
With Hemocult	Results ___
Pelvic and PAP (q 1 yr)	Date ___ Results ___

Inmate Name Pugh, Cedric Ais# 182373
DOB [redacted] Age 24 Race B Sex M SSN [redacted]
Emergency Addressee ___ Phone ___
Address ___
Facility DONALDSON Nurse G. Cash, LPN Date 6/2/00
Physician Signature Charles T. Tomlinson MD Date 6/6/00

INMATE FOOD SERVICE WORKER CLEARANCE

MEDICAL RECORD REVIEW:

Past history of hepatitis:	✓ Yes	✓ No
TB test current:	✓ Yes	___ No
TB test negative:	✓ Yes	___ No

If history of positive TB test, verified completed treatment: _____ (Date)

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck:	___ Yes	✓ No
Has diarrhea:	___ Yes	✓ No
Has a cough:	___ Yes	✓ No
Lungs clear to auscultation:	___ Yes	___ No
Signs and symptoms of other contagious diseases:	___ Yes	✓ No

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examined:

✓ He/she IS medically cleared for duty as a food service worker.
___ He/she IS NOT medically cleared for duty as a food service worker.

Signature J. Hagler LPN Date 5-19-2000

Name: Pugh, Cedric
ID#/DOB: 182373
Location: 4-31 Donaldson

FOOD SERVICE WORKER GUIDELINES

HAIRNETS:

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING:

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS:

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

_____

Inmate Signature and Date

_____

Nurse Signature and Date

I. HISTORY – (Nurse)

	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)		✓	Last weight at least 6 mos. ago 189
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew	✓		½ ppd
ALLERGIES		✓	

Weight 180 Temp 98 Pulse 84 Resp. 24 B.P. 160/92

Eye Exam: (Without Glasses) OD 20/30 OS 20/20 OU 20/20
With Glasses OD — OS — OU —

II. TESTING – (Nurse) RESULTS

• Tuberculin Skin Test (q yr.)	Date given 6/29/99 Site R/Lue a
(chest x-ray if clinical symptoms)	Read on 7-1-99 Results Om
RPR (q3yrs)	Date 8-20-97 Results NR
• Urine Dip (yearly)	Results NR - WNL
(Glu., Pro., RBC., WBC)	
EKG (baseline at 35, over 45 q 3 yrs)	N/A —
Cholesterol (at 35 then q 5 yrs.)	N/A —
Tetanus/Diptheria (q10 years)	Last given 8-20-97 Due 20
If Done Today:	Site given — Dose — Lot #

III. PHYSICAL RESULTS

Heart	Normal Sinus Rhythm
Lungs	BLLSC
Breast (q2 yrs. p 30)	Date 6/29/99 Results no lumps
Rectal (yearly p 45)	Results N/A
With Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Date AA Results —

Inmate Name Pugh Cedric AIS # 182373
DOB [redacted] AGE 23 RACE Black SEX M SSN [redacted]
Emergency Addressee Juanita Pugh
Address 1408 apt D 24th St North B'Ham al 35234 Phone# 205 324-1
Facility Bibb Nurse Signature E. Russell RN Date 6/29/99
Physician Signature [signature] Date 7/2/99

INITIAL SKIN TEST

Date Given: 6/29/99
Site Given: R forearm
Lot # 2503-11
Nurse: E. Russell RN

Date Read: 7/1/99
Size: 0mm
Nurse: T Paxton LPN

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Inmate Signature: Cedric Pugh
Witness Signature: E. Russell RN

Date: 6/28/99
Date: 6/29/99

Inmate's Name: Pugh Cedric
ID #: 182373
Race: Black
Location: Birth

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse)

	YES	NO	COMMENTS
Weight Change (>15 lb.) (Compare Weight Below)	___	✓	Last Weight at least 6 mo.'s. ago: ___
Persistent Cough	___	✓	
Chest Pain	___	✓	
Blood In Urine or Stool	___	✓	
Difficult Urination	___	✓	
Other Illnesses (Details)	___	✓	
Smoke, Dip or Chew	✓	___	1ppd
ALLERGIES	___	✓	

Weight 189 Temp. 97.4 Pulse 76 Resp. 20 B.P. 130/88

Eye Exam: Without Glasses OD 20/20 OS 20/15 OU 20/13

With Glasses OD ___ OS ___ OU ___

II. TESTING - (Nurse)

RESULTS 8/18 Urine 8/18/98

Tuberculin Skin Test (q yr.) Date Given 7.30.98 Site (R) inner arm

(chest x-ray if clinical symptoms) Read On 8-10-98 Results 0 mm

RPR (q 3 yrs.) Date 8-20-97 Results NR

Urine Dip (yearly) Results 7.30.98

(Glu., Pro., RBC., WBC.) ___

EKG (baseline at 35, over 45 q 3 yrs.) NA

Cholesterol (at 35 then q 5 yrs.) NA

Tetanus/Diphtheria (q 10 yrs.) Last Given 8-20-97 Due 2007

If Done Today: Site Given NA Dose — Lot # —

III. PHYSICAL

RESULTS

Heart Reg rhythm

Lungs Clear

Breast (q 2 yrs. p 30) Date ___ Results Self breast exam taught

Rectal (yearly p 45) Results NA

With Hemocult Results —

Pelvic and PAP (q 1 yr.) Date NA Results —

Inmate Name Pugh, Cedric AIS # 182323

DOB [redacted] Age 22 Race B Sex M SSN [redacted]

Emergency Addressee Ollie Mae Pugh (Mom) Phone # 334-738-2246

Address Route 2, Box 338, Midway, Ala. 36053

Facility Ventress Nurse Signature Johnson LPN Date 7.30.98

Physician Signature [illegible] Date 8/11/98

MEDICAL RECORD REVIEW:

Past history of hepatitis: ___ Yes ✓ No
TB test current: ✓ Yes ___ No
TB test negative: ✓ Yes ___ No

If history of positive TB test, verified completed treatment: ___ (Date

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck: ___ Yes ✓ No
Has diarrhea: ___ Yes ✓ No
Has a cough: ___ Yes ✓ No
Lungs clear to auscultation: ✓ Yes ___ No
Signs and symptoms of other contagious diseases: ___ Yes ✓ No

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examin

✓ He/she IS medically cleared for duty as a food service worker.
___ He/she IS NOT medically cleared for duty as a food service worker.

Signature D King LPN Date 6/1/99

Name:
ID#/DOB:
Location:

E53

CORRECTIONAL MEDICAL SERVICES
MEDICAL HISTORY AND SCREENING

KCF
INSTITUTION

INMATE NAME: Pugh Cedric	ID# 182373	RACE: B	D.O. [redacted]

INMATE QUESTIONNAIRE	(circle one)	
1. Do your have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	No
2. Have you fainted or had a head injury within past six months?	Yes	No
3. Have you been seen by a doctor in the past six months?	Yes	No
4. Do you wear glasses or contact lenses?	Yes	No
5. Do you have prosthesis, splint, crutches, cast or brace that you need while here?	Yes	No
6. Do you drink wine, beer or whiskey How often? Daily How much? Lrge Last time? 3 days ago	Yes	No
7. Have you had seizures or blackouts when you stop drinking?	Yes	No
8. Do you use drugs? Type crack How often Daily Last time 2 mos ago	Yes	No
9. Have you had withdrawal problems when you stop taking drugs?	Yes	No
10. Are you currently detoxing? If yes, from what substance? Crack	Yes	No
11. Do you have any medical problems we should know about?	Yes	No
12. Have you been in this facility before?	Yes	No
MENTAL HEALTH		
13. Have you ever been hospitalized or treated for psychiatric problem?	Yes	No
14. Have you ever considered or attempted suicide	Yes	No
15. Are you feeling depressed or extremely sad?	Yes	No
16. Do you want to hurt yourself or someone else?	Yes	No
17. Are you hearing voices?____ If yes, what are they saying?	Yes	No
FEMALE INMATES ONLY		
18. Are you pregnant? LMP N/A	Yes	No
19. Do you use birth control? Type_____	Yes	No
20. Have you recently had a baby, miscarriage or abortion?	Yes	No

COMMENTS: (Explain "Yes" Responses)

VITAL SIGNS

HT 6' 3" WT 194 BP 120/70

Pulse ____ Resp ____ Temp ____

CURRENT MEDICAL CONDITIONS (circle terms that apply)

Unconscious	Skin Infection
Disoriented	Restricted Mobility
Intoxicated	Skin Rash
Lesions	Jaundice
Obvious Pain	Needle Marks
Bruises	Swollen Glands
Fever	Active Cough
Nausea	Vaginal/Penile Discharge
Uses Tobacco	Dental Problems

MEDICAL HISTORY (circle terms that apply)

Arthritis	Frequent Diarrhea
Diabetes	Genital Sores
Seizure Disorder	V.D.
Asthma	Hepatitis
Special Diet	HIV+
Heart Condition	Tuberculosis
Hypertension	Persistant Sore Throat
Stomach Ulcer	Dental Problems
Cancer	Surgeries
Sickle Cell Anemia	Chest Pain
Emphysema	Jaundice

TB HISTORY

Ever treated with TB Drugs? Yes (No)
Previous PPD test? Yes No Previous Positive Reaction? Yes (No)
When Jefferson St Jail
Where Sum 1997
Chronic Cough/Blood — Fever
Recent Weight Loss — Night Sweats
Recent Appetite Loss — Fatique

MEDICATIONS

Current Medications: N/A

DISPOSITION

Referrals: ✓ None

____Emergency Room (Pre-booking injury)
____Emergency Room (Acute Condition
____Physician
____Sick Call

Placement:
____ Infirmary
____ Detoxification
✓ Setting
Gen Population
____ Other

ALLERGIES

Medication Allergies: Yes (No)
Type:_____
Other Allergies: Yes (No)
Type:_____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature: X Cedrick Pugh

Screened by: R. Mitchell Date: 8/20/97 Time:_____

Reviewed by:_____ Date:_____ Time:_____

Revised 4/28/97 (CMS 7107)

PHYSICAL ASSESSMENT

KCF
Institution

INMATE NAME: Hugh Cedric # 223273

TYPE OF ASSESSMENT: INITIAL_____ OTHER_____

VITAL SIGNS

HT____ WT_____ BP_____
PULSE____ RESP____ TEMP____

FAMILY HISTORY: (F/FATHER, M/MOTHER, B/BROTHER, S/SISTER)

TB____ HEPATITIS____ HIV+____ HYPERTENSION____
CANCER____ ASTHMA____ EPILEPSY____ ANEMIA____
KIDNEY DISEASE____ SICKLE CELL____ SEIZURES____
MENTAL ILLNESS____ DIABETES____ HEART DISEASE____
OTHER____

VISION (SNELLEN CHART)

Rt: 20/20 with glasses_____
Lt: 20/20 with glasses_____

PHYSICAL ASSESSMENT

Normal/Not Present Please	✓	Abnormal/Comment
SKIN: Color, Condition, Turgor, Recent Injury, Tatoos, Scars	✓	✓ both arms ✓ abdomen, head
HEAD: Hair, Scalp (pediculi)	✓	
EARS: Appearance, Canals	✓	
MOUTH: Throat, Tongue, Tonsils	✓	
NOSE: Obstruction, Drainage	✓	
NECK: Veins, Mobility, Thyroid, Carotids, Lymph nodes	✓	
CHEST (BREASTS) Configuration, Auscultation, Respirations, Cough/Sputum	✓	
HEART: Auscultation, Radial pulse, Apical pulse, Rythm	✓	
ABDOMEN: Shape, Bowel Sounds, Palpation, Hernia	✓	
SPINE	✓	
NEUROLOGICAL: Reflexes	✓	
GENITAL/URINARY: Lesions, Discharge	✓	
RECTAL EXAM: (For 40 yrs. old and older) Hemorroids, Anal Warts, Stool for Occult Blood + -	✓	
EXTREMITIES: Pulses, Edema, Joints	✓	

FEMALES ONLY

PELVIC EXAM:
Pap Smear
Gonorrhea Culture
(Admission PE only)

IMMUNIZATION STATUS

Date last Tetanus: 8/20/97

Other_____

TB SCREENING

Current PPD:
Date Given: 8/20/97
Results and Date: 8/25/97 0mm
PLEASE CIRCLE
Follow-up scheduled: Not Indicated / Yes

ORAL SCREENING

Pain/Discomfort:_____
Condition of teeth: poor fair (good)
Condition of gums: poor (health)
False teeth: partial plate upper lower
Oral Hygiene instructions given: ✓

REMARKS

H/IV RPR 8-20-97

REFERRAL

Mental Health Referral

Assessed by: [signature]
Date: 8-20-97 Time: PM
Physician Review: [signature]
Date:_____ Time:_____

Revised 04/28/97 (CMS)

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST

Date Given: 8.8.98	Date Read: 8.10.98
Site Given: (L) inner arm	Size: 0 MM mm
Lot #: 2470-11	
Nurse: J Johnson LPN	Nurse: J Johnson LPN

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

X Cedric Pugh 182373 — X 8/8/98
Inmate Signature — Date

J Johnson LPN — 8.8.98
Witness Signature — Date

INMATE NAME:	ID#:	RACE:	LOCATION:
Pugh, Cedric	182373	B/M	VCF

GUIDELINES

HAIR NETS:

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING:

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS:

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Cedric Pugh
Inmate Signature and Date

J King LPN 6/1/99
Nurse Signature and Date

HAIRNETS:

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING:

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS:

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand need for both, especially when handling food on kitchen detail.

Cedric Pugh 6/29/08
Inmate Signature and Date

E. Russell Jr 6/29/08
Nurse Signature and Date

NaphCare

Release of Responsibility

Cedric Pugh
Name of Inmate

9-4-02
Date

182373 / [redacted]
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:
Refused Dental Treatment

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Cedric Pugh 182373
Inmate Signature

C. Thompson COI
Witness

9-4-02 7:15 Am
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sig this form.

Witness

Date / Time

Witness

G-76

CORRECTIONAL MEDICAL SERVICES
REFERRAL TO MENTAL HEALTH

INMATE NAME:	ID #:	LOCATION:	DOB:
Pugh Cedric	182373		

REASON FOR REFERRAL:

( ) CRISIS INTERVENTION
- ( ) Family problems: _____
- ( ) Problems with peers: _____
- ( ) Recent stress: _____
- ( ) Other: _____

( ) EVALUATION OF MENTAL CONDITION

( ) Suicidal	( ) Anxious	( ) Physical Complaints
( ) Homicidal	(X) Depressed	( ) Sleep Disturbance
( ) Mutilative	( ) Withdrawn	( ) Hallucinations/Delusions
( ) Hostile, angry	( ) Poor hygiene	( ) Suspicious

( ) Other inappropriate behavior _____

(✓) EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

( ) HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

( ) OTHER _____

COMMENTS: Inmate States that he is very Sad

Referred by:	Department:	Date:
Mitchell	Physical	8/20/97

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Follow-up by:	Date	Time:

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

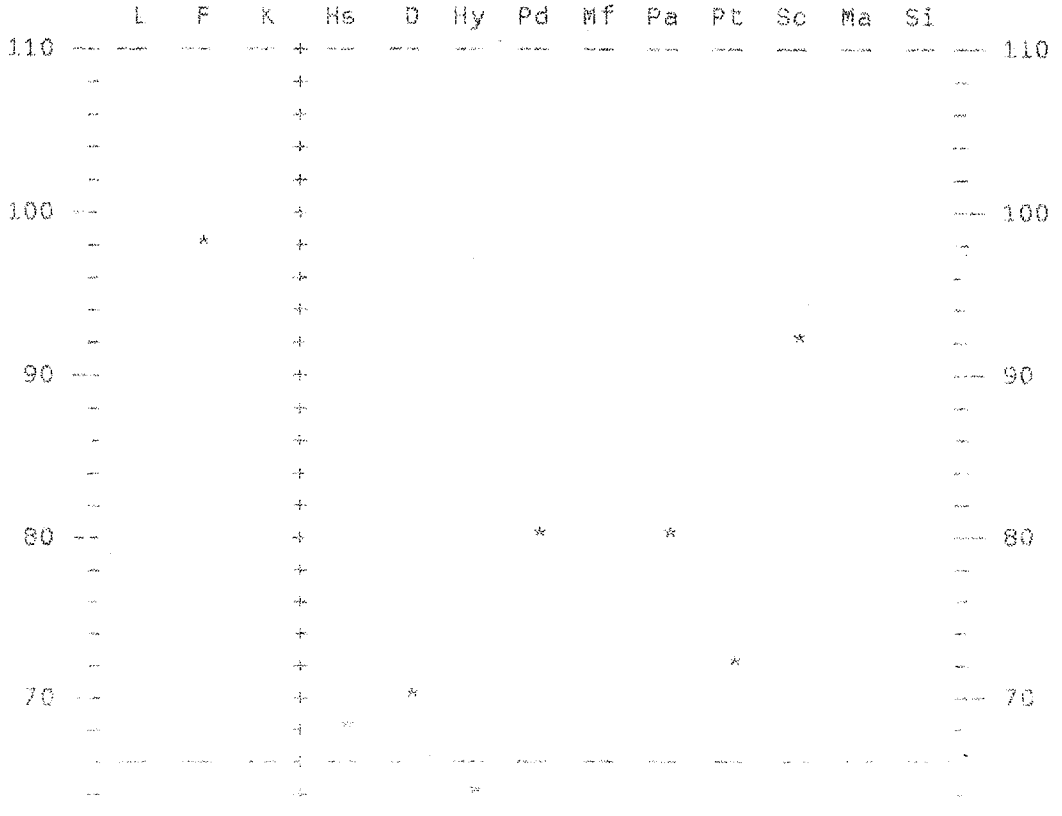
--- CLIENT INFORMATION ---

Client	: Pugh, R. Cedric	Age	: 21
Sex	: Male	Marital Status	:
Education	:	Date of Birth	: [redacted]
File Name	: 182373		

Prepared for: DEPARTMENT OF CORRECTIONS on 08/25/97

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

--- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES ---



Ave age-males:	29
Ave age-females:	31
% of male codetypes:	2.0%
% of female codetypes:	1.7%
% of males within codetype:	70.4%
% of females within codetype:	29.6%

Configural clinical scale interpretation is provided in the report for the following codetype(s):

6-8/8-6 (4)

— CONFIGURAL VALIDITY SCALE INTERPRETATION —

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

— VALIDITY SCALES —

? (raw) = 1

Scores in this range reflect a relatively small number of unanswered items, which in and of itself should not have an impact on the validity of the profile.

L T = 52

L scores in this range are usually obtained by individuals who generally respond frankly and openly to the test items and are willing to admit to minor faults.

F T = 98

scores indicating the first group and low Pa scores indicating the second group. Individuals in both groups will often blame others for their difficulties. The first group of individuals may manifest psychotic behavior and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution also may be present.

Pt (7) T = 72

Scores in this range are typically obtained by individuals who are worried, anxious, tense, and experiencing emotional discomfort. They may experience irrational fears and typically ruminate about their problems. Disabling guilt feelings may be present. Agitation may develop. These individuals worry excessively and may have problems in concentration. Obsessions and compulsions are common.

Sc (8) T = 91

Scores in this range are suggestive of serious psychopathology including confused thinking, distorted perceptions and other psychotic processes. Difficulties in logic and concentration, impaired judgment, and the presence of a thought disorder should be evaluated. Be sure that measures of consistency and accuracy of item endorsement are within acceptable ranges.

Ma (9) T = 49

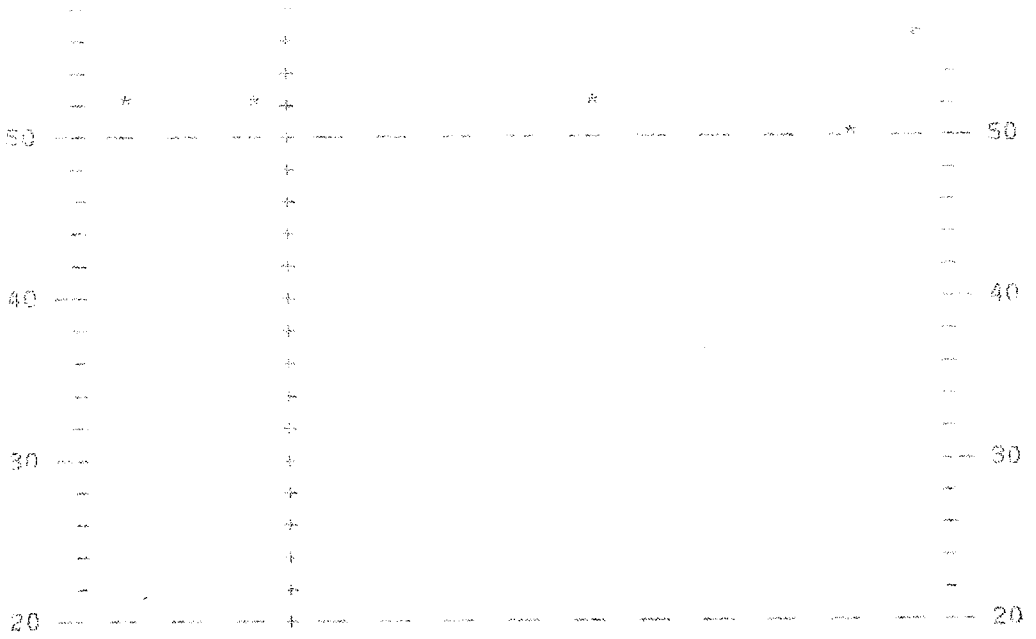
Scores in this range are considered to be within normal limits. Normal adolescents and college students tend to score in the upper end of this range (T-scores of 54-57). Persons older than 60 who score in the upper end of this range are likely to be overly energetic and active.

Si (0) T = 55

Scores in this range are considered to be within normal limits.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.



Unanswered (?) Items = 1

Welsh Code: 8*6472'13-05/9: F*L/K/

-- PROFILE MATCHES AND SCORES --

Scale		Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:			None	6-8/8-6 (4)
Coefficient of Fit:				.81
Scores:	? (raw)	1		
	L	52		51
	F	98		100
	K	51		38
	Hs (1)	68		66
	D (2)	70		71
	Hy (3)	64		63
	Pd (4)	79		82
	Mf (5)	52		53
	Pa (6)	79		94
	Pt (7)	72		74
	Sc (8)	91		92
	Ma (9)	49		67
	Si (0)	55		64

that the items have been endorsed consistently and accurately.

K T = 51

Scores in this range are typically obtained by individuals who exhibit an appropriate balance between self-disclosure and self-protection. These individuals usually are psychologically well adjusted and capable of dealing with problems in their daily lives. Scores in this range are also indicative of good ego strength, sufficient personal resources to deal with problems, a positive self-image, adaptability, and a wide range of interests. Prognosis for psychological intervention is generally good.

Scores on one or more of the individual validity scales strongly suggests that the profile is invalid. Interpretive hypotheses based on clinical scale scores in the remainder of this report have a very high probability of being inaccurate. Professional users of this report should proceed with extreme caution in using any of this material in generating hypotheses about the individual being evaluated.

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

6-8/8-6 (4) Codetype

Clinical Presentation:

It is important that measures of consistency and accuracy of item endorsement as well as other validity scales are within acceptable ranges. This codetype can result easily from either inconsistent or inaccurate patterns of item endorsement.

These individuals are likely to exhibit a thought disorder with paranoid features. Their thinking is often described as fragmented, autistic, tangential, circumstantial, and loose. Their thought content is likely to be bizarre and may include paranoid delusions. Difficulties in concentration and attention, memory deficits, and poor judgment are also quite common with individuals who obtain this codetype.

These individuals are likely to express significant personal distress and complain of feeling tense, worried, depressed, and alienated. Their affect is likely to be blunted and/or inappropriate. Their behavior is likely to be unpredictable and

These individuals often have strong needs for support and dependency, but are confused about how to go about meeting these needs. They often experience sexual conflicts and engage in unusual sexual practices.

The self-concept of these individuals is often quite poor. They usually have low self-esteem, lack self-confidence, and feel inferior and insecure. In addition, they often feel guilty.

The interpersonal relationships of these individuals are often characterized by suspiciousness and emotional distancing. They are suspicious and distrustful of others and exhibit poor social skills. They generally feel apathetic, socially isolated, and withdrawn, and they describe their life in similar terms. They report that they argue with family members and that their home life is not pleasant.

Treatment:

The prognosis is generally poor. The problems of these individuals most often are chronic and severe, although their ability to work may not be severely impaired.

Poesible Diagnoses:

Axis I - Rule Out Organic Disorders
Rule Out Schizophrenic Disorders
Schizophrenia: Paranoid Type
Rule Out Paranoid Disorders

Axis II - Rule Out Schizoid Personality Disorder
Rule Out Schizotypal Personality Disorder

--- CLINICAL SCALES ---

Hs (1) T = 68

Scores in this range are frequently obtained by individuals who are expressing excessive concern about the functioning of their bodies and are endorsing multiple vague somatic complaints. These individuals are typically self-centered, dissatisfied, demanding of attention, complaining, and generally negative and pessimistic. They may use their somatic complaints to control

frustrating and sabotagi[illegible] the help of others and will of[illegible] "shop" for physicians and/or therapists. Exceptions are individuals with multiple bonafide physical disorders of both chronic and acute nature.

D (2) T = 70

Scores in this range are typical for individuals who feel depressed, unhappy, sad, and pessimistic about the future. They often feel guilty and are self-critical. Suicidal ideation and potential should be ruled out. These individuals often feel inadequate, helpless, and lacking in self-confidence. Social withdrawal, poor concentration, appetite and sleep disturbances, and low frustration tolerance are possible. Increasingly higher scores are usually associated with an increase in the number and severity of depressive symptoms.

Hy (3) T = 64

Scores in this range are obtained by individuals who often prefer to look on the optimistic side of life and avoid thinking about or confronting unpleasant issues. They are often somewhat exhibitionistic, extroverted, and superficial in interpersonal relationships.

Pd (4) T = 79

Scores in this range are typically obtained by individuals who are characterized as angry, belligerent, rebellious, resentful of rules and regulations, and hostile toward authority figures. These individuals are likely to be impulsive, unreliable, egocentric, and irresponsible. They often have little regard for social standards. They often show poor judgment and seem to have difficulty planning ahead and benefiting from their previous experiences. They make good first impressions but long term relationships tend to be rather superficial and unsatisfying. Analysis of the Content Scales and/or the Harris-Lingoes Subscales may facilitate interpretation of scores within this range.

Mf (5) T = 52

Scores in this range are typical for males interested in traditional masculine interests and activities.

Pa (6) T = 79

Scores in this range are frequently obtained by 1) individuals who are suspicious, hostile, and feel as if they are being mistreated, or by 2) individuals who are hypersensitive to

Prison Health Services
Treatment Record

Treatment Ordered: peroxide soaks to finger and wrap with band aid X 10 days qd

Date	Date	Date	Date	Date	Date	Date
3/13	3/14	3/15	3/16	3/17	3/18	3/19
tx done	tx done	tx done	done	tx done	tx done	tx done
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
3/20	3/21	3/22				
tx done	tx done	tx done				
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

Patient Name/Number	Allergies:	Housing Unit:
Pugh, Cedric		ECC

Elmore (C)

Treatment Continued:

BP ✓ 8 wk X 3 months

Friday

Date	Date	Date	Date	Date	Date	Date
5/19/05	5/26/05	6/3/05	6/10/05	6/17/05	6/24/05	7/1/05
O Show		O Show		O Show	O Show	
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
7/8/05	7/15/05	7/22/05	7/29/05	8/7/05	8/12/05	8/21/05
					NO Show	
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date

Comments:

Patient Name/Number	Allergies:	Housing Unit:
[redacted] Pugh Cedric 182373	NKDA	B1B3

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 3/13/06

To: Shift office

From: SHCU

Inmate Name: Pugh, Cedric **ID#:** 182373

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Work stop x 30 days ends on 4/15/06

Date: 3/13/06 **MD Signature:** V/O Peasant/ _____, LPN **Time:** 1140

60418

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 3-13-06

To: Wilmore

From: HCU

Inmate Name: Pugh, Cedric **ID#:** 182373

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Work stop X 30 days. Return to HCU on Thursday for follow up 3-16-06.

Date: 3/13/06 **MD Signature:** Dr Pennant MD / K Jones LPN **Time:** _____

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 2-24-06

To: Elmore

From: Staton

Inmate Name: Pugh, Cedric **ID#:** 182373

The following action is recommended for medical reasons:

1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other

Comments:

No use of (R) hand x 3wks

Elevate (R) hand x 3wks, BBP x 3wk

To HCU each pm for tx x 10 days

Date: 2/24/06 **MD Signature:** [signature] **Time:** 07

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 2-24-06

To: Elmore

From: Staton

Inmate Name: Pugh, Cedric **ID#:** 182373

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

No use of (R) hand x 3wks

Elevate (R) hand x 3wks, BBP x 3wks

To HCU each pm for tx x 10 days

Date: 2/24/06 **MD Signature:** [signature] **Time:** 0730

60418

PHS
PRISON HEALTH SERVICES INCORPORATED

INCORPORATED

Authorization for Release of Information

To: _____ From: _____

_____ _____

_____ _____

_____ _____

Patient: _____ Inmate ID No.: _____

Alias: _____ Social Security No: _____ - _____ - _____

Date of Birth: _____ Date(s) of Service: _____

I hereby authorize the above named provider to release to Prison Health Services, Inc. or any of its representatives the following confidential information:

[ ] Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care

[ ] Admission [ ] Discharge [ ] Operative Summary Reports

[ ] X-Ray [ ] Special Studies Reports [ ] HIV Test [ ] T B Test

[ ] Laboratory Reports [ ] Immunization History [ ] Dental Treatment Records

[ ] Psychiatric Summary Report [ ] Substance Abuse Treatment History & Counseling Reports

[ ] Other Records _____
(Specify information requested)

_____

This authorization shall remain in full force and effect until withdrawn in writing by me. I hereby release and agree to hold provider harmless from any and all liability that may result from such release of information.

X Cedric Pugh _____ _____
(Patient's Signature) (Date)

_____ _____
(Witness' Signature) (Date)

The information requested is recognized as confidential and will be used only to ensure prompt and appropriate treatment of the named patient.

_____ _____
(Signature and Title for PHS) (Date)

60102 (11/02)

PRISON HEALTH SERVICES INCORPORATED

SHORT STAY RECORD 23

(To be used in case infirmed 23 hrs or less)

Temp 97.7 Pulse 64 Resp 18 B/P 118/72 Weight _____ Height _____

Admission Date: 3/2/06

HISTORY OF PRESENT ILLNESS:

finger caught in meat grinder

PHYSICAL EXAMINATION:

General Appearance skin w/o touch normal appearance in color

H-E-E-N&T ~~O~~ complaints

Heart pulse rate WNL

Lungs WNL resp ease unlabored & absent

Abdomen ~~O~~ swelling ~~O~~ tenderness

Bones, Joints, Extremities keeps in tact except area bandaged

Neurological WNL

Skin normal appearance in color

LABORATORY & X-RAY:

N/A

CONDITION ON DISCHARGE:

DISCHARGE INSTRUCTIONS:

FINAL DIAGNOSIS:

Discharge Date: _____

_____
Signature of Attending Physician

NAME	ADC#	ROOM NO.	HOSP. NO.	ATTENDING PHYSICIAN
Pugh Cedric	182373			J. Peasant, MD

Treatment Continued:

BP ✓ 2x week x 4 weeks

Date	Date	Date	Date	Date	Date	Date
12/2/05	12/5	12/9	12/12	12/16	12/19	12/23
120/72	130/80		124/70	No Show	139/84	124/82
bm	bm		[illegible]	bm	WP	bm
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
12/26						
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date

Comments:

Patient Name/Number	Allergies:	Housing Unit:
Pugh, Cedric	NKA	ECC

#182373

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Elmore

Resident's Name: Pugh, Cedric ID# 182373

D.O.B. _____

I, _____ have, this day, knowing that I have a condition
(Name of Inmate)

requiring medical care as indicated below:

X	A.	Refused medication. for Blood pressure/GERD	___	E.	Refused X-Ray services.
___	B.	Refused dental care.	___	F.	Refused other diagnostic tests
___	C.	Refused an outside medical appointment.	___	G.	Refused physical examination.
___	D.	Refused laboratory services.	___	H.	Other (Please specify)

Reason For Refusal States "I don't need it"

Potential Consequences Explained Stroke | Heart Attack | Death

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

D Spraggins
Witness Signature

Michael Anderson CMT
Witness Signature

Cedric Pugh
Patient Signature

11/30/05
Date

1056
Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PRISON HEALTH SERVICES INCORPORATED

MEDICAL INFORMATION TRANSFER FORM

Confidential Medical Data

To: Montgomery Co. Court
(Agency)
(Address)

From: Staton Hall
(Institution)
(Address)
(334) 567-1548
(Telephone)

Inmate's Name: Pugh, Cedric
a/k/a: 182573
D.O.B.: [redacted] SS #:

Person Completing Form
Name: C. Hillyer
Signature: C Hillyer
Date: 11/10/05

MEDICAL PROBLEM(S):

TREATMENTS/MEDICATIONS:

Allergies: NKDA

Pregnant: Yes No N/A Unknown

Other Lab Data: N/A 10/27/05

TB Skin Test: NEG POS Date 10/26/05
CXR: NEG POS Date

Test			Treated	Date
RPR:	NEG	POS	Yes No	10/27/05
VDRL:	NEG	POS	Yes No	
GC:	NEG	POS	Yes No	
Other:			Yes No	

HIV NEG 10/27/05

60109 (4/87)

WHITE - RECEIVING INSTITUTION, YELLOW - MEDICAL FILE

Prison Health Services
Treatment Record

Treatment Ordered:

℞/ p v gDX 14 days @ tx time

Date	Date	Date	Date	Date	Date	Date
7/16	7/17	7/18	7/19	7/20	7/21	7/22
	144/92	128/82		140/92		
	[illegible]	[illegible]		[illegible]		
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Date	Date	Date	Date	Date	Date	Date
7/23	7/24	7/25	7/26	7/27	7/28	7/29
32/84		No Show	110/88	No Show	No Show	No Show
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Initials	Initials	Initials	Initials	Initials	Initials	Initials

Comments:

Patient Name/Number	Allergies:	Housing Unit:
Pugh Cedric 182373	NKA	Elmore

Prison Health Services

REFUSAL OF TREATMENT FORM

Institution: Elmore

Resident's Name: Pugh, Cedric ID# 182373

D.O.B. [redacted]

I, Cedric Pugh (Name of Inmate) have, this day, knowing that I have a condition requiring medical care as indicated below:

___ A. Refused medication.
___ B. Refused dental care.
___ C. Refused an outside medical appointment.
___ D. Refused laboratory services.
___ E. Refused X-Ray services.
___ F. Refused other diagnostic tests
___ G. Refused physical examination
___ H. Other (Please specify)

Reason For Refusal

Potential Consequences Explained I show, sick Call

I acknowledge that I have been fully informed of and understand the above treatment recommendations and the risks involved in refusing them. I hereby release and agree to hold harmless the state, statutory authority, all correctional personnel, medical/health personnel from all responsibility and any ill effects which may result from this refusal and I shall personally assume responsibility for my welfare.

I have read this form and certify that I understand its contents.

Sgt Tanya Arrington
Witness Signature

D Austin hpw
Witness Signature

Patient Signature

09/05/05
Date

Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 7/15/05

To: Elmore

From: Hcw

Inmate Name: Pugh, Cedric **ID#:** 182373

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

BPV daily for 14 days at treatment time!

Date: 7/15/05 **MD Signature:** _____ **Time:** 10.45

60418

Staton Correctional Facility:

Sick call is performed at 7:00 pm in the health care unit Monday through Friday. All completed sick call requests and grievances must be placed in the locked sick call request box located beside the pill call window. All sick call requests must be completed and turned in by 2:30 pm daily.

Pill call is performed three times a day from the pill call room located in the common area at the times stated below. Pill call is subject to change by health care unit and security.

1. Morning pill call: 3:30 am
2. Noon pill call: 11:00 am
3. Evening pill call: 3:30 pm

Any dental, medical, or mental health educational information can be obtained through a written request to the Health Services Administrator.

I have had the opportunity to ask questions concerning the above information, and I have received a copy.

Inmate Signature: Cedric Pugh Date: 6-23-05

Nurse Signature: C Hellon Date: 6/23/05

Access to Care
Prison Health Services
Alabama Department of Corrections

Incarcerated individuals are afforded timely access to care to meet their serious medical, dental and mental health needs in each health care unit.

In emergency situations you are to advise the nearest correctional officer for immediate health services activation.

Inmates in population areas may fill out a routine sick call request form and place the completed form in the sick call collection locked box conveniently located in your facility for daily medical collection and routing to the correct health division.

Population, weekend and holiday sick call written request are reviewed by nurse triage staff each day – weekends and holidays. Those identified as unable to medically wait for the next routine and scheduled nurse triage will be located for necessary assessment. Those found able to wait for the next regularly scheduled nurse triage encounter will be forwarded for review during normal operating hours.

Inmates in lock down or single cells (segregation) may give their sick call request daily to nursing service. You will be contacted within a 24 hour timeframe barring extenuating circumstances.

Incarcerated individuals are not punished for seeking care for their serious health needs.

You will not be denied access to care or care services by medical staff based on any inability to meet co-pay assessments. There is no charge for physicals as scheduled by medical staff, chronic care, medical initiated care, follow-up care (to include test results) or public health care needs.

Inmate health care encounters in each institution are set in accordance with institutional requirements as approved by the Warden.

Medical grievance forms concerning health services may be obtained in the same manner as sick call request forms and returned to health services in the same manner. In segregation you may also ask a correctional officer for a medical grievance form and return the completed form to the officer for forwarding to the unit Health Services Administrator for review. If you are unable to resolve the initial grievance submitted you will be issued a formal grievance for completion by the Health Services Administrator. This form is to be returned to the Health Services Administrator at your site. Grievances are reviewed within three days of receipt.

If you are eligible for our Keep on Person medication program you will be advised and offered the opportunity to participate.

Some over the counter medications are available to you in the canteen. Over the counter medications are not issued from health services as Keep on Person medication.

Medical staff is unable to release your health information to family members.

If you initiate a medical care encounter and are scheduled an appointment for medical or dental services, you are expected to keep your appointment or sign a release of liability form prior to the scheduled encounter. Medication is to be taken as ordered. If you miss your medication you are subject to a counsel by medical staff. Your medical care is important. This is a joint effort between the patient, department of corrections and Prison Health Services.

Your assigned institution will provide you a copy of pill call times, sick call times and other unit specific information you should be aware of.

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Rich Cedric

LAST **FIRST** **MI**

DATE OF BIRTH [redacted] **SS#** [redacted]

Housing Recommendations:

General Population X

Medical Observation Unit_____

Lower Level/Lower Bunk_____

Suicide Precautions_____

Special Watch (15 Minute Checks)_____

Isolation_____

Initiate Universal Precautions_____

Individual found to be:

Frail/Elderly_____

Physically Handicapped_____

Developmentally Disabled_____

Drug/Alcohol Withdrawal_____

Special Mental Health Needs_____

Expressed Suicidal Ideation_____

History of Seizures_____

Other HTN

Specify_____

Nurse [signature] Date 6/23/05

PRISON HEALTH SERVICES INCORPORATED

MEDICAL INFORMATION TRANSFER FORM

Confidential Medical Data

To: Elmore (Agency)

(Address)

From: Bibb Co CF (Institution)

(Address)

( ) (Telephone)

Inmate's Name: Pugh Cedric Roman

a/k/a:

D.O.B.: [redacted] SS #: 182373

Person Completing Form

Name: Childress Lpn CChildress Lpn

Signature: Childress Lpn

Date: 6/20/05

MEDICAL PROBLEM(S):

See Problem list

TREATMENTS/MEDICATIONS:

CC q 3MO.
CCC apt 7/20/05

See MAR

Allergies: NKA

Pregnant: Yes (No) Unknown

Other Lab Data:

TB Skin Test: (NEG) POS Date 9/11/04

CXR: ~~NEG~~ POS Date

Test			Treated	Date
RPR:	NEG	POS	Yes No	
VDRL:	NEG	POS	Yes No	
GC:	NEG	POS	Yes No	
Other:			Yes No	

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

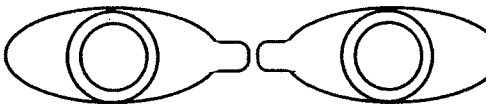
EYE CHART

Date / Time 5/16/05 Visual Requiremnts	
Other Visual Requirements	
Previous Eye History	
Chief Visual Complaints	
Detailed History	
General Health	
External Examination	
Internal Examination	
Visual Field Screening	OD OS
Tonometry Instrument /	OD OS
V.A. (Habitual) Dist.	OD OS OU
Near	OD OS OU
Dominance / Test	/

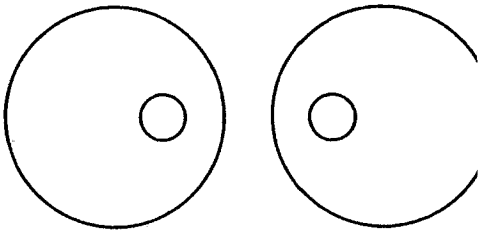
OLD RX Worn from to

Sph.	Cyl.	Axis	Prism	Base	Add

OD OS



OD OS



DATE	CHARGE	PAID	BAL DUE

Pupillary Reflexes	Size Light
	Consensual Near
Tests for Squint	Inspection
	Cover
	Corneal Reflex
PD / PP Conv	
PP Acc	
Versions	
Rotations / Fixations	

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Pugh, Cedric	192373			B

DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

DATE: 6/21/04 ORIGINATING INSTITUTION/WORK RELEASE CENTER Bibb

REASON FOR PROFILE Folliculitis

TREATMENT: 1/8" clipper cut

SHAVE PROFILE INSTRUCTIONS

1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 12/21/04.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☐ Warden ____/____/____ DATE

☐ Inmate ____/____/____ DATE

NURSE'S SIGNATURE (Distributed By)

PHYSICIAN'S SIGNATURE (Authorization)

FULL NAME (Last, First, Middle)	Date-of-Birth	Age	R/S	AIS #
Pugh Cedric	[redacted]		B/M	182373

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate
PINK - Warden

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Cedric Pugh

Date of Birth: [redacted] Social Security No: [redacted]

Date: 12-13-03 Time: _____ A.M. P.M.

This is to certify that I, I Cedric Pugh (Print Inmate's Name), currently in custody at the Elmore Corr Facility (Print Facility's Name), am refusing to accept the following treatment/recommendations: Hep A & B (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Cedric Pugh
(Signature of Inmate)**

(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

NaphCare

Treatment Request and Record

Date of Request	Requested By	Patient Status	Rx. Ordered
2/25/03	B. Helms CRNP	○ IP ○ OP	

Clinical Diagnosis

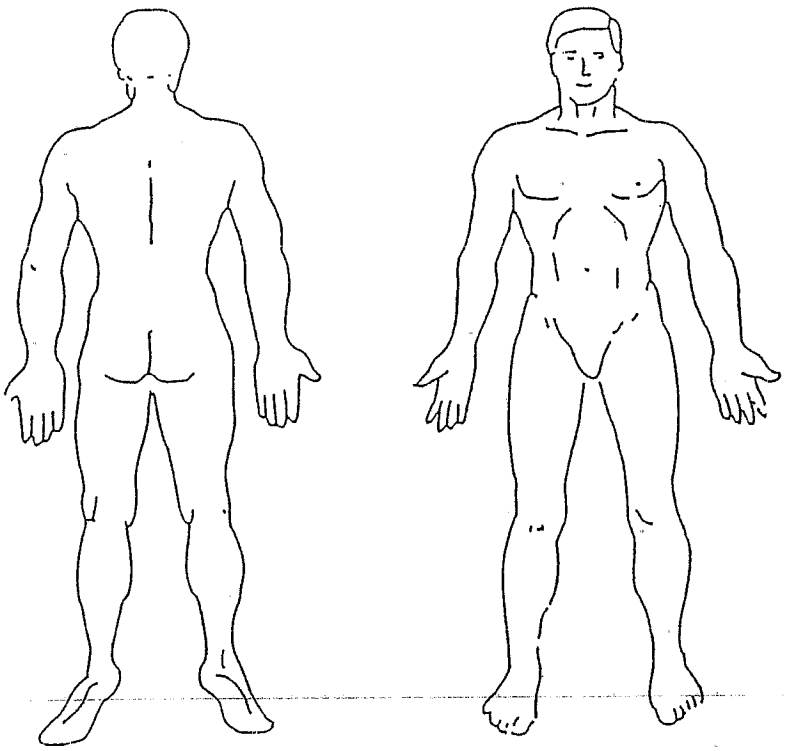
BP V/S q wk x 4

MD to Review

Date of Onset

Date of Surgery

Area of Treatment (Circle)



Progress Notes

3/4- 120/80 L

3/11- ~~ND Start NT~~ 120/60 mg

3/18 120/60 mg

3/25/03 120/80

Record of Treatment

SCC

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Mar				M							M							D							M							

Patient's Name (Last, First, Middle): Pugh, Cedric

Age: 27

ID No.: 182323

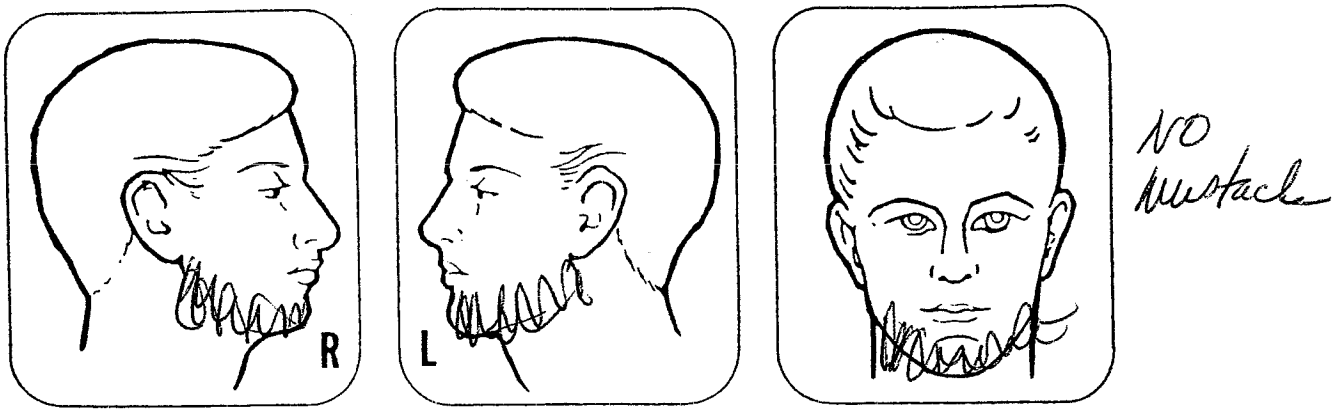
DEPARTMENT OF CORRECTIONS
SHAVE PROFILE AUTHORIZATION

DATE: 11/12/02 ORIGINATING INSTITUTION/WORK RELEASE CENTER Staton

REASON FOR PROFILE

TREATMENT: Shave Profile X 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 12/12/02.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☑ Warden 11/12/02 DATE

☑ Inmate 11/12/02 DATE

A H Smith LPN
NURSE'S SIGNATURE
(Distributed By)

B Watkins CRNP
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)	Date of Birth	Age	R/S	AIS #
Pugh Cedric	[redacted]	26	B/M	182373

ORIGINAL - Blue Medical Jacket
YELLOW - Inmate
PINK - Warden

F-13

STATON CORRECTIONAL CENTER
RECEIVING SCREENING FORM

INMATE'S NAME: Cedric Pugh AIS# 182373 DATE: 6/13/02

TIME: _____ DOB: [redacted] OFFICER: _____

Booking Officer's Visual Opinion

	YES	NO
1. Is the inmate conscious?	✓	
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		✓
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		✓
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infectious which might spread through the institution?		✓
5. Is the skin in poor condition or show signs of vermin or rashes?		✓
6. Does the inmate appear to be under the influence of alcohol or drugs?		✓
7. Are there any visible signs of alcohol or drug withdrawals? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		✓
8. Is the inmate making any verbal threats to staff or other inmates?		✓
9. Is the inmate carrying any medication or report that he is on any Medication which must be continuously administered or available?		✓
10. Does the inmate have any obvious physical handicaps?		✓
11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
12. Do you want to talk to a mental health counselor?	✓	
a. Did inmate respond?		✓
13. Do you have epilepsy?		✓
14. Do you have any medical problems we should know about?		✓

5pod 9 10

DEPARTMENT OF CORRECTIONS

EMERGENCY/ WDCF (OTHER) TREATMENT RECORD

DATE 7/9/01 TIME 2025 AM PM

FACILITY WDCF ☐ SIR ☐ PDL ☐ ESCAPEE ☐

☐ EMERGENCY ☒ OTHER

ALLERGIES NKA

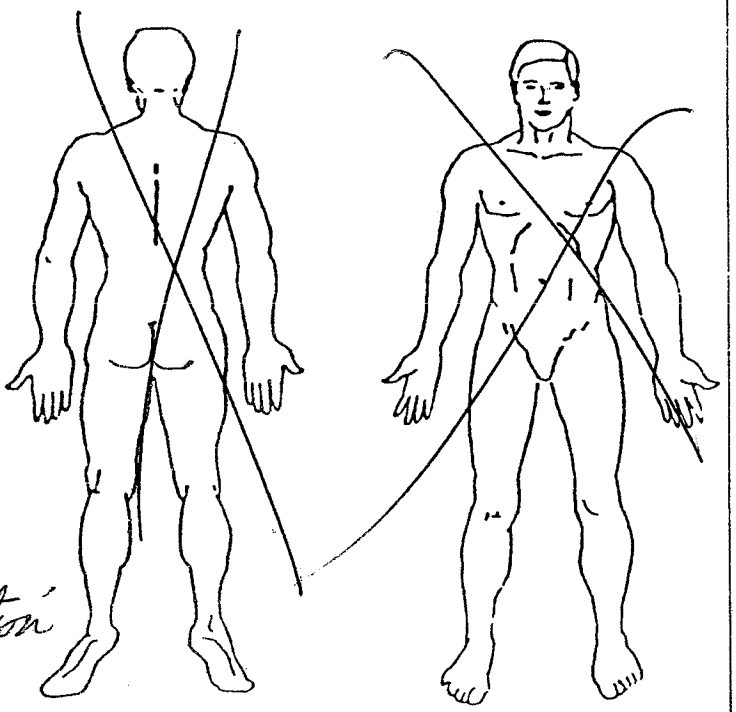
CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99.2 (ORAL) RECTAL RESP. 16 PULSE 76 B/P 118/76 RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

5) "throwing up blood" having heartburn

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



PHYSICAL EXAMINATION

D) Sitting up in chair, states he's been every morning when he wakes up throwing up blood. Resp. even, unlabored, 2/5 WNL @ abrasion & contusion, lacerations throat clear, no redness, @ pain noted.

ORDERS, MEDICATION, etc.

D) SSC for MD to eval.

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE 7/4/01 TIME 2040 AM PM

RELEASE/TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐

CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE A Moon LPN DATE 7/4/01

PHYSICIAN'S SIGNATURE [illegible] DATE 7/5/01

CONSULTATION

PATIENT'S NAME (LAST, FIRST, MIDDLE) Pugh, Cedric AGE 25 DATE OF BIRTH [redacted] R/S BM AIS # 182373

D PARTMENT OF CORRECTI IS

EMERGENCY/_____ TREATMENT RECORD
(OTHER)

O2 Sat. 99%

DATE	TIME	FACILITY	
9/23/06	1705 AM PM	☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____	☐ EMERGENCY ☐ OTHER

ALLERGIES: NKDA

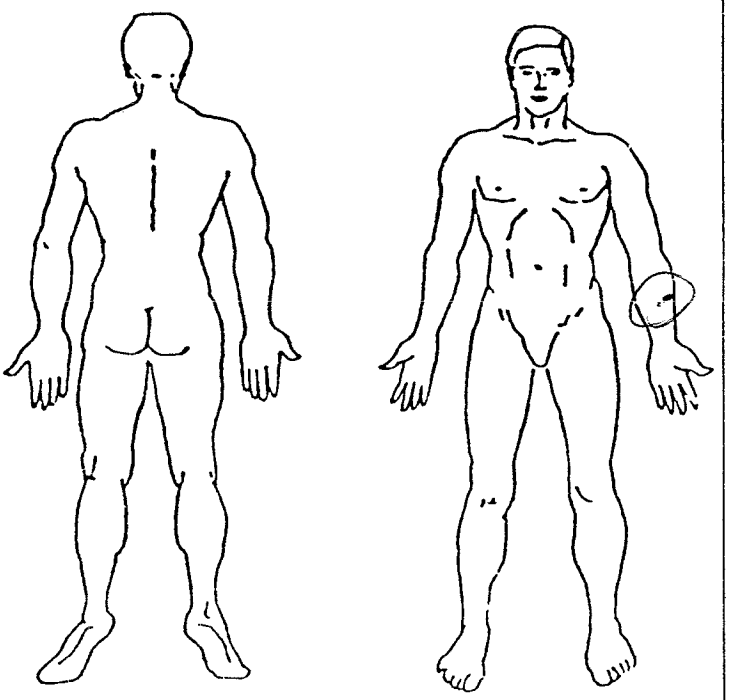
CONDITION ON ADMISSION: ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.1 ORAL / RECTAL RESP. 18 PULSE 67 B/P 140/184 RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

S: "The guards said I was involved in a fight"

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



PHYSICAL EXAMINATION

O: Old burn to (L) forearm. No apparent bruises, cuts or abrasions noted.

ORDERS, MEDICATION, etc.

A: Released to DOC for house arrest.

P: Come to pick slip call if any problems arise.

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
9/23/06	1705 AM PM	☐ DOC ☐ AMBULANCE ☐	☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
D. Rogers	9/23/06	[illegible]	9/26/06	

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
Pugh, Cedric	25	[redacted]	B/M	182373

CORRECTIONAL MEDICAL SERVICES

SEGREGATION LOG

Trans. to Donaldson

Name: Pugh, Cedric I.D. # 182373 D.O.B. [redacted] Unit A B Year 1999

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ARY																															
EBRUARY																															
MARCH																															
APRIL																															
MAY																															
UNE																															
ULY																										[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
UGUST	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
EPTEMBER	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
CTOBER	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]																										
EMBER																															
ECEMBER																															

KEY: M=MEDICAL N/C=NO COMPLAINTS
D=DENTAL
P=PSYCHIATRIC

NURSES PLEASE SIGN AND INITIAL

E. Russell [illegible]	ER	[illegible]	[illegible]
M. Calhoun LPN	[illegible]	[illegible]	[illegible]
[illegible] LPN	MS	[illegible]	[illegible]
[illegible]	DC	[illegible]	[illegible]
[illegible] LPN	DW	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible] LPN	[illegible]		

7179 6/94

DEPARTMENT OF CORRECTIONS

JAC

EMERGENCY/_____ TREATMENT RECORD
(OTHER)

DATE	TIME	FACILITY	
7/26/99	8 ~~00~~ (AM) PM	Bibb ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____	☐ EMERGENCY ~~☐ OTHER~~

ALLERGIES NKA

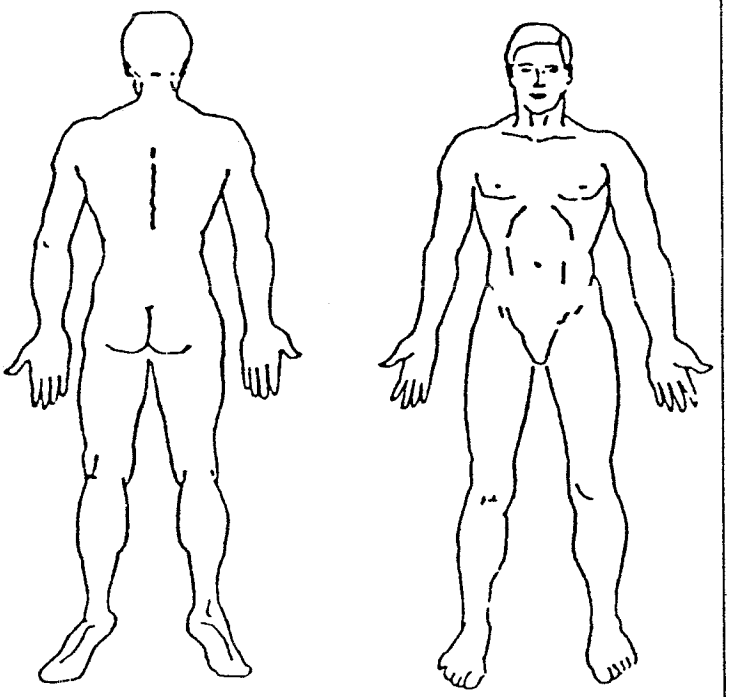
CONDITION ON ADMISSION
~~☐ GOOD~~ ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99 (ORAL) RECTAL RESP. 20 PULSE 84 B/P 133/78 RECHECK IF SYSTOLIC <100> 50 _____

NATURE OF INJURY OR ILLNESS

S "skin fine. ∅ problems"

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



PHYSICAL EXAMINATION

O Alert + Oriented X3. BBS c Resp even + unlabored. Skin W.D. ∅ c/c or s/s of distress noted.

A Body sheet per DOC

P Released to DOC

ORDERS, MEDICATION, etc.

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
7/26/99	9 (AM) PM	~~☐ DOC~~ ☐ AMBULANCE ☐	~~☐ SATISFACTORY~~ ☐ POOR ~~☐ FAIR~~ ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
[signature]	7/26/99	[signature]	7/26/99	

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
Rush, Cedric	23	[redacted]	B/M	182373

DEPARTMENT OF CORRECTIONS

EMERGENCY/Non-scheduled (OTHER) TREATMENT RECORD

DATE 10-20-97 TIME AM PM | FACILITY Ventress ☐ SIR ☐ PDL ☐ ESCAPEE ☐ | ☐ EMERGENCY ☒ OTHER

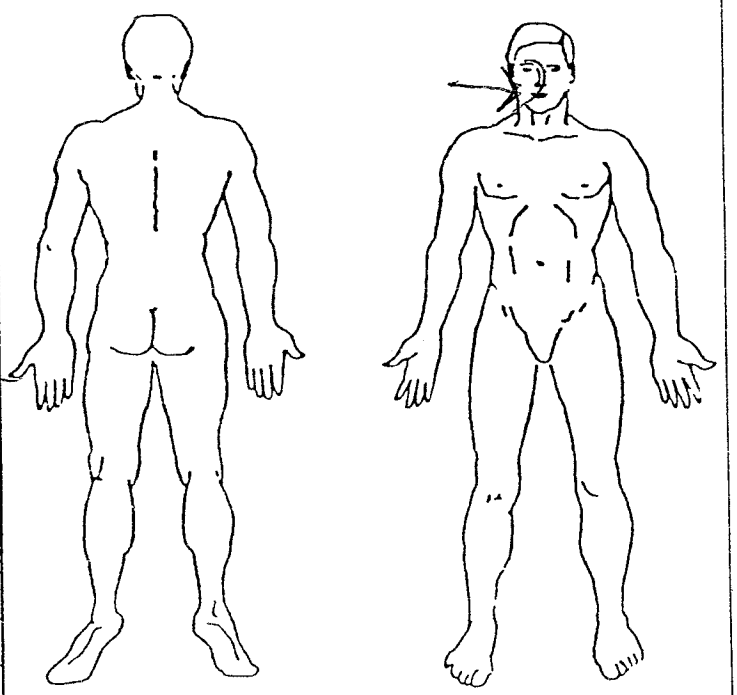
ALLERGIES N/KA | CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 99.4 (ORAL) RECTAL | RESP 18 | PULSE 80 | B/P 120 / 80 | RECHECK IF SYSTOLIC <100> 50 Wt. 192

NATURE OF INJURY OR ILLNESS

S- "The Officer sent me over here because I got a tooth."

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



PHYSICAL EXAMINATION

O- B/m ambulated to HCU & assistance. C/o severe toothache, moderate amount of edema noted to R side of face.

ORDERS, MEDICATION, etc.

A- Alteration in comfort R/T toothache.

P- Dr. West notified new orders received
Advil 200 mg 1 1/2 PO TID x 7 days
Pen VK. 500 mg PO TID x 7 days
Sign up for Dental screening

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE	TIME AM PM	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
10 / 20 / 97		☐ DOC ☐ AMBULANCE ☐	☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
T. Smith	10-20-97			

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
Rush, Cedric	B/M	[redacted]	B/M	152373

HEALTH CARE UNIT

PATIENT INFORMATION SLIP

G-76

KILBY
INSTITUTION

Pugh, Cedric — 182373
NAME **NUMBER** **R/S**

Lay-in for _____ **days from** _____ **to**
(date)

_____ **due to** _____
(date)

Instructions: REPORT TO THE MENTAL #### HEALTH CLINIC ON

FRIDAY, 8/29/97 AT 3:00PM WITH DR. CAMPBELL.

Failure to follow the directions above may result in a disciplinary.

8/28/97 — S. Turner, Mental Health Secretary
Date Issued **Signature**

F-53

RECEIVING SCREENING FORM

INMATE'S NAME: PUGH, CEDRIC DATE: 8/19/97 TIME: 10-37

DOB: [redacted] OFFICER: A. Gibson INSTITUTION: KI

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	X	
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?		X
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?		X
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?		X
Is the skin in poor condition or show signs of vermin or rashes?		X
Does the inmate appear to be under the influence of alcohol, or drugs?		X
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc)		X
Is the inmate making any verbal threats to staff or other inmates?		X
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		X
Does the inmate have any obvious physical handicaps?		X

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures?

This inmate was
- X a. Released for normal processing
- ___ b. Referred to health care unit
- ___ c. Immediately sent to the health care unit

Anthony D. Gibson
Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

CORRECTIONAL MEDICAL SERVICES
CONSENT TO TREATMENT FORM

Pugh Cedric
Name of Inmate

8-20-97
Date

182375
Inmate ID Number / Date of Birth

I hereby give my consent to Correctional Medical Services, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Correctional Medical Services.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Correctional Medical Services, its employees and agents from any and all liability which may arise from this action.

Cedric Pugh
Inmate Signature

8-20-97
Date

R. Mathis
Witness

C. Tubbs
Witness

CMS 7173 Rev. 4/95

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: INFIRMARY D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Third Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Pugh, Cedric 182373 D.O.B. [redacted] ALLERGIES: NKA Elmore 0950 Use Second Date 3/10/06	DIAGNOSIS (If Chg'd) Bactrim DS po BID x 10 days Rifampin 300 mg po BID x 10 days Mupirocin [illegible] mb [illegible] 3/10/06 TO Dr Chung 3/13/06 @ 0945 [illegible] ☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]
NAME: Pugh, Cedric 182373 D.O.B. [redacted] ALLERGIES: NKA Use First Date 3/9/06 [illegible] 3/9/06	DIAGNOSIS ① Cond-[illegible] + 48° [illegible] [illegible] Until 3/11/06 ☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Last Date 3/16/06

DIAGNOSIS (If Chg'd)
① Admit to 4
② ® index finger infection
③ start Z-V-S NS @ 75cc/hr
④ Zosyn 3.375 mg q6hr IV x 3 days
⑤ DC Start & Hand chart
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Fourth Date 3/3/06

DIAGNOSIS (If Chg'd)
Please Tap UA for F/U visit
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Third Date 3/2/06

DIAGNOSIS (If Chg'd)
① MOM X 24° - start 23° fours
② elevate ® hand
③ Keflex 500 mg PO TID X 4 days
④ Motrin 800 mg PO TID X 10 days
⑤ Lortab 5mg 2 po q4° prn pain X 12
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Second Date 3/2/06

DIAGNOSIS (If Chg'd)
① UM for FOV for Debridement of ® middle finger in 2wk
② X-ray ® hand - Special attn to ® middle finger - done day of appt 3/3/06 office visit - send X-rays w/ patient
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use First Date 2/27/06

DIAGNOSIS
① UM for W Chung - Surgical debridement + graft ® middle finger
② CBC 1 day before surgery
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

INPATIENT HISTORY AND PHYSICAL

CHIEF COMPLAINT Infected L index finger

Hx OF PRESENT ILLNESS

PREVIOUS ILLNESS

CURRENT MEDICATIONS

ALLERGIES

Habits: Smoking

Family Hx. T.B. Alcohol Drugs

Hypertension Diabetes Cancer

BP Other

T P R

	Normal		Abnormal
1.		Head, Face & Scalp	
2.		Mouth & Throat	
3.		Ears & Eardrums	
4.		Eyes & Pupils	
5.		Chest & Lungs	
6.		Cardiovascular	
7.		Abdomen, including Hernia	
8.		Anus & Rectum	
9.		Ext. Genitalia	
10.		Skin	
11.		Breast	
12.		Upper Extremities	
13.		Lower Extremities	
14.		Spine & Musculoskeletal	

REMARKS

DIAGNOSIS

Date: Examining Physician:

INMATE NAME (LAST, FIRST, MIDDLE)

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: D.O.B.: / /
3/7/06	(S) I feel better today. Pt pulled IV out last
	[illegible] stating that the IV meds made his
	stomach hurt
	O
	[illegible] - finger swollen
	- no order.
	(A) Laceration of finger c̄ loss of tissue
	(P). Continue IV fluids & IV antibiotics
	- Will restart IV.
	[signature]
03/09/06	To see MD.
	T-98.1, P-77, R-20, BP-110/60, IV c̄ 100cc/hr.
	(S) No Complaints
	(O) Laceration & suture look good - No
	odor.
	(A). Laceration of finger
	(P) Cont IV fluids
	[signature]
03/09/06	12N - IV restarted in (L) hand per Nurse
	Pernell, tolerated well. [signature]
3/10/06	8:30 pm MAU MD visit: 98.6, 85, 20, O2 S 98%, 140/82 - [signature]

Date/Time	Inmate's Name: D.O.B.: / /
3/13/06	MOV-MD VISIT: RE: (R) HAND T 97.9 p 93 R 20
	O2 S 97 % 152/74 _____ BP BUN

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Pugh, Cedric 182373 D.O.B.: [redacted]
2/23/06	S- I caught my hand in the mixer
	O- 3rd finger (R) hand c 1/4 of tside missing, mod amt bleeding
	noted NMB (R). cleansed and pressure dressing applied
Td given 2-23-06	
	NS irrigation
	A- S/p trauma (R) 3rd digit
	P- To BMCS Via DOC Van. Report called to P. Moneyham RN
	in ER. [signature]
3/3/06 1110	MOV RE Surgery (R) finger. T 98.3, P 74 R 20
	O2 S 97% 140/94 WT: 215 lbs [signature]
3/06/06	To see HCP
	T 98.3 P85 R 20 B/P 120/84 98% O2 Sat
3/7/06	Unsuccessful attempts x 2 to restart IV to (L) wrist
1:30am	Pressure dressing applied to area [signature]
1:45am	Phone call to Dr Pleasant to advise him of unsuccessful
	attempts to restart IV and was instructed to leave
	IV out and advise Day shift of need for IV restart. [signature]
3/7/06	LE for 3/8/06 11 25 p.
9:25a	S- My hand is OK - it's not hurting right now
	O- Awake, alert, dsg to Rt middle finger dry intact
	IV of NS @ 100 cc/hr infusing s problem to left forearm
	Site benign - T 98 P 72 R 20 BP 110/60 O2 Sat 96%
	A - Alteration in health maintenance
	P - Continue POC [signature]

PHS
PRISON HEALTH SERVICES INCORPORATED

INFIRMARY NURSING PROGRESS NOTES

Date/Time	
3/11/06 [illegible]	S- "I am okay"
	O- Sitting up at bedside Alert & Oriented x3. Resp. Easy. Skin W/D to touch
	Temp 97.4 P74, R18 and B/P 130/80
	IV fluids N/S infusing s difficulty as MD ordered. No S/S of infiltration noted. No apparent distress at this time
	A) Alt in comfort
	P) Cont. MD plan of care ——— [signature]
3-11-06	(S) I'm doing ok.
11AM	(O) A+O x3, Resp reg & easy skin w/d to touch
	VS. T 97.2, P 72 R 16 BP 146/82 O2 sat 99%. IV.
	NS @ 75cc/hr infusing s any difficulty
	Gentamycin injection s any diff.
	NARN ——— [signature]
	(A) Alteration in comfort ——— [signature]
	(P) Cont. plan of care ——— [signature]

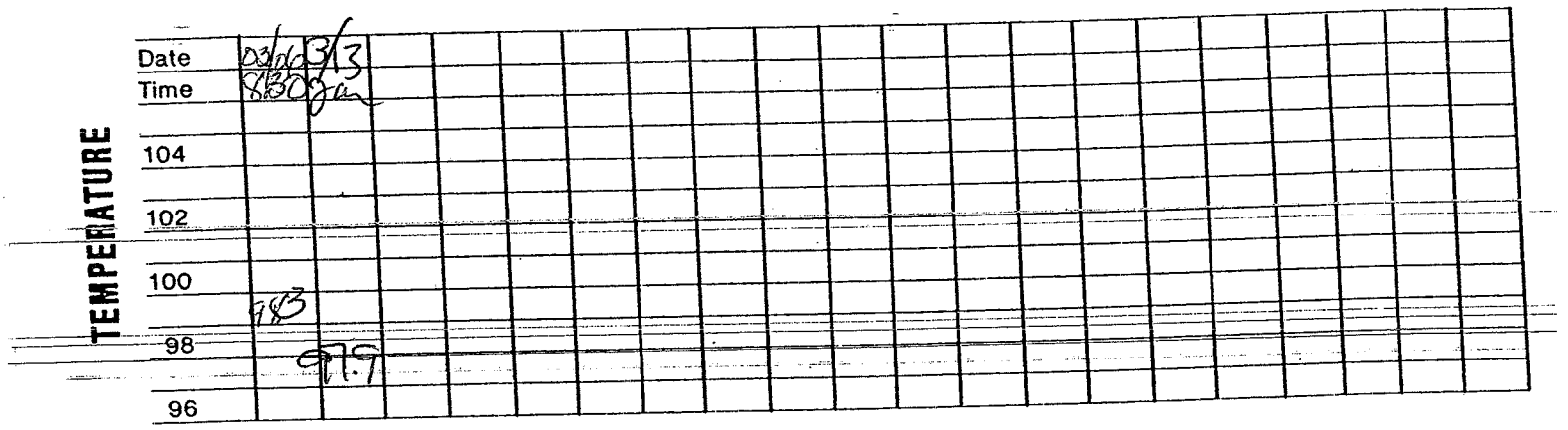
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.

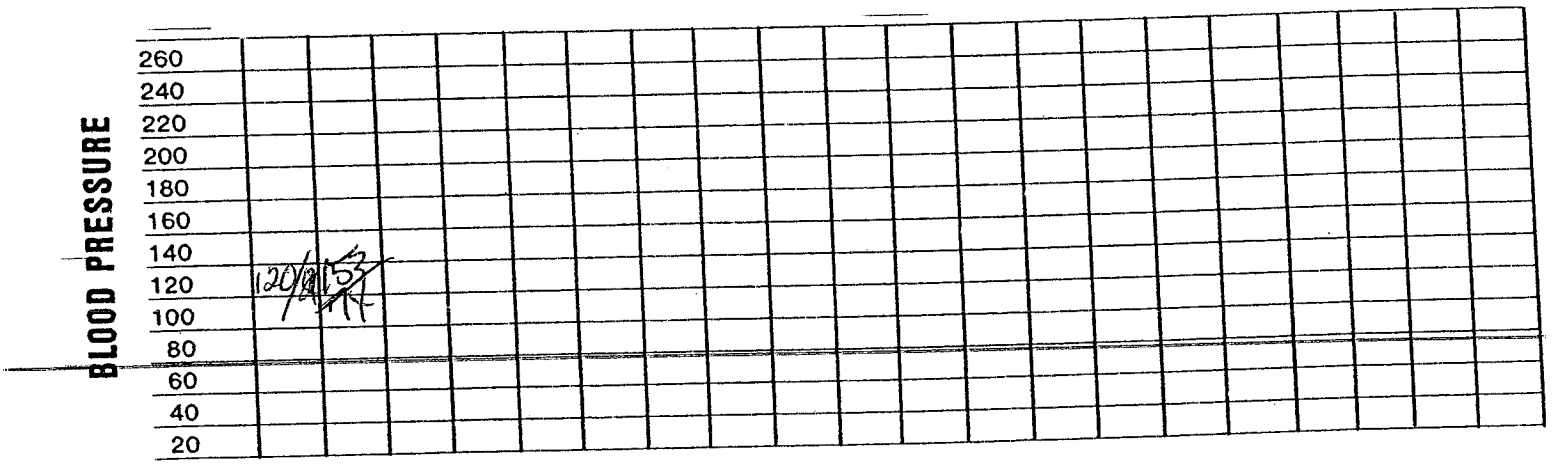
PRISON HEALTH SERVICES INCORPORATED

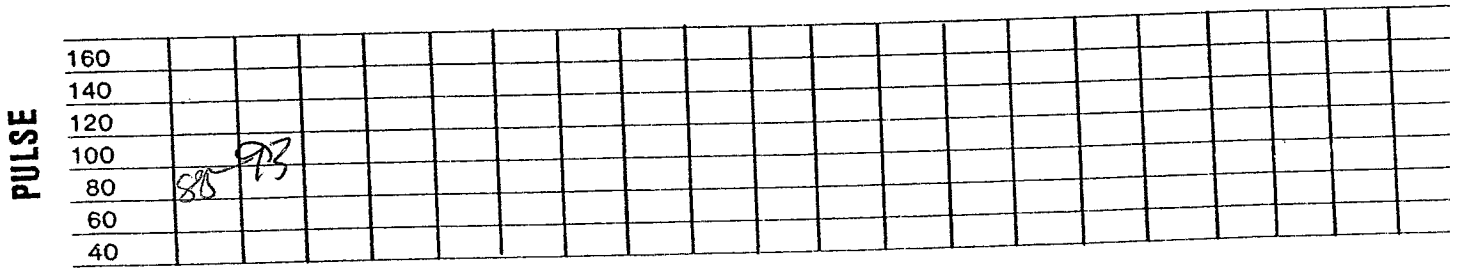
Vital Signs Flow Sheet

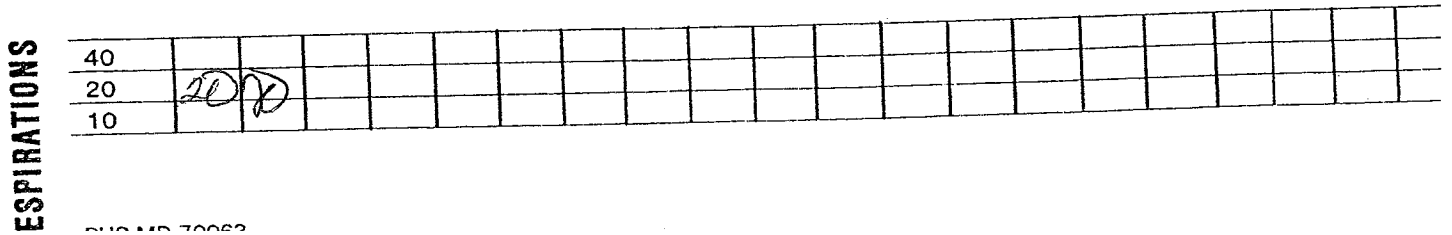
Patient Name: Pugh, Cedric

Date of Birth: _____









PHS PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME:

D.O.B. / /

ALLERGIES:

Use Last Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

D.O.B. / /

ALLERGIES:

Use Fourth Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

D.O.B. / /

ALLERGIES:

Use Third Date / /

DIAGNOSIS (If Chg'd)

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric 182323 ECC 2 B

D.O.B. [redacted]

ALLERGIES: NKA

Use Second Date 5/1/06

DIAGNOSIS (If Chg'd)

(1) Cedric Pugh 5/31/06 [illegible] 5/2/06

(2) HCU Visit in 4 wk [illegible]

(3) Return Chest X-ray after [illegible]

(4) Keflex 500mg TID X10 days

C [illegible] 5/2/06 0200

☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]

NAME: Pugh, Cedric Elmore

D.O.B. [redacted]

ALLERGIES: NKA

Use First Date 4/12/06

DIAGNOSIS

HCU visit c Dr. Peasant re Xray.

[illegible] 04/12/06 2 P

5/1/06 [illegible] 4/12/06

☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]

MEDICAL RECORDS COPY

60110 (4/03)

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Pugh, Cedric
182373
Elmore
1700
D.O.B. [redacted]
ALLERGIES: [redacted]
Use Last Date 3/28/06

DIAGNOSIS (If Chg'd) HCU [illegible]
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]

NAME: Pugh, Cedric
182373
Elmore
D.O.B. [redacted]
ALLERGIES: NKA
Use Fourth Date 3/21/06 1100

DIAGNOSIS (If Chg'd) V/O
- Reschedule f/up V/O below dated 3/15/06 for Dr. Chung visit
- D/S Exam w/ Dr. Bradford ✓
- 048627 Prohibited in working Fasting
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Third Date 3/15/06

DIAGNOSIS (If Chg'd)
1) D/C Bactrim
2) Keflex 500mg TID x 10 days
3) ✓ finger in 1 wk in HCU
4) [illegible] F/U w Dr Chung for pain 4/13/03
[signature]
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric
182373
Elmore
D.O.B. [redacted]
ALLERGIES: NKA
Use Second Date 3/13/06

DIAGNOSIS (If Chg'd)
4) Work stop x 30 days
1) H_2O_2 Soap qd x 14 days
2) Dress c bandage qd. x 14 days
3) HCU Visit Thursday to ✓ Hand
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]

NAME: Pugh, Cedric
Elmore
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use First Date 3/10/06

DIAGNOSIS
1) D/C Zosyn 3.375mg q 6hrs I.V.
2) Give Gentamycin 80mg I.M. q 8hrs x 1 day
3) Draw trough & Peak c 3rd dose eg. 10⁰⁰ am 3/11/06 V/O per Dr. Peasant / E. Ellis
[noted 3/10/06 2100]
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Last Date 3/6/06

DIAGNOSIS (If Chg'd)
1. Admit to MS
2. R index finger infection
3. start IVF NS @ 75cc/h
4. Zosyn 3.375 mg q6H IV x 3 days
5. VS per standard chart
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Fourth Date 3/3/06

DIAGNOSIS (If Chg'd)
Please fax UM for F/u visit
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Third Date 3/2/06

DIAGNOSIS (If Chg'd)
1. MOM X 24° - start 23° fours
2. elevate R hand
3. Keflex 500 mg PO TID X 4 days
4. Motrin 800 mg PO TID X 15 days
5. Lortab 5mg 2 PO Q4° prn pain X 12
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Second Date 3/2/06

DIAGNOSIS (If Chg'd)
1. UM for FOV for Debridement of R middle finger in 2WK
2. X ray R hand - Special attn to R middle finger - day of office visit - send X rays & report
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric
182373
D.O.B. [redacted]
ALLERGIES: NKA
Use First Date 3/2/06

DIAGNOSIS
1. UM for N Chung - Surgical debridement + graft R middle finger
2. CBC 1 day before Surgery
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Pugh, Cedrick 182373 D.O.B. [redacted] ALLERGIES: NKA Use Last Date 2/23/06	DIAGNOSIS (If Chg'd) MOU overnight to see MD in Am Keflex Q6° X ~~5 days~~ 500mg x 10 days Lortab 5/500 ii Q4° prn pain X 3 days motrin 800 q8° prn pain X 3 days per Dr. Pleasant Small for ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Pugh, Cedric 182373 D.O.B. [redacted] ALLERGIES: Elmore 0915 Use Third Date 2/24/06	DIAGNOSIS (If Chg'd) X Ray (R) hand 2/27/06 Appt c̄ Dr Chung 2/27/06 @ 1415 [illegible] Motrin 600mg po QID c̄ Pureogesic i po QID (last dose KOP) X 10 days DC Lortab, Cont Keflex QID - last dose KOP ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Pugh, Cedric 182373 D.O.B. [redacted] ALLERGIES: Elmore 0945 Use Second Date 2/23/06	DIAGNOSIS (If Chg'd) BMCS via DOC van Td 0.5mg now IM ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Pugh, Cedric 182373 D.O.B. [redacted] ALLERGIES: NKA QCC Use First Date 1/30/05 1056	DIAGNOSIS D/C HCTZ and Zantac Pt refuses to take either If patient has KOP, have him return [illegible] 12/1/05 0300 ☐ GENERIC SUBSTITUTION IS NOT PERMITTED

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Pugh, Cedric #182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Last Date 11/30/05

Noted [illegible] 12/1/05 0300

DIAGNOSIS (If Chg'd)
√ Eye exam w/ Dr. Bradford
√ Oy 8827 [illegible]
√ LA [illegible] in house
~~HCTZ 25mg [illegible] X 180 [illegible]~~
Bp √ 2x weekly X 4 weeks
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible]

NAME: Pugh, Cedric #182373
D.O.B. [redacted]
ALLERGIES: NKDA
Use Fourth Date 10/4/05

DIAGNOSIS (If Chg'd)
Motrin 600 [illegible] tid x 3 days
[illegible]
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric #182373
Blmae 1626
D.O.B. [redacted]
ALLERGIES: NKA
Use Third Date 8/12/05

DIAGNOSIS (If Chg'd)
D/C HCTZ
Noted [illegible]
8/12/05 2045
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible]
8/12/05 [illegible]

NAME: Pugh, Cedric #182373
D.O.B. [redacted]
ALLERGIES: NKA
Use Second Date 7/15/05

[illegible] 7/15/05 @ 2000

DIAGNOSIS (If Chg'd)
① BP [illegible] x 14 days [illegible] treatment time
② HCU [illegible] 3-4 wk [illegible] recheck BP [illegible]
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Pugh, Cedric 182373
D.O.B. [redacted]
ALLERGIES: NKDA
Use First Date 5/18/05

Noted [illegible] 5/18/05

DIAGNOSIS
HCTZ 25 mg i tab p.o. qd, KOP 1st dose [illegible] X 180 days
~~BP [illegible] X 3 mos~~
~~[illegible]~~ F/U 6 wks
CC - 3 mos
See previous sheet
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible]

MaphCare

HEALTH SERVICES REQUEST FORM

Print Name: Cedric Pugh Date of Request: 9-9-03

ID#: 182373 Date of Birth: [redacted] Housing Location: G-4-11-TOP

Nature of problem or request: I'm requesting to see A doctor about my tooth. I had A Feeling in my teeth and it came out. I can't eat on but one side of my mouth and when A/C get to it. I need it refill OR pull.

Cedric Pugh

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: R/S

Objective: BP _____ P_____ R_____ T_____

Assessment: Request reviewed apt for 9-22 03

Plan:

Refer to: ___ PA/Physician ___ Mental Health ___ Dental

9-18 03

Name Pugh, Cedric (Last) (First) (Middle Initial)
Date
Allergies NKDA
AIS # 182373
Facility Hamilton Staton
SIG.

Discontinue
Continue
Increase
Decrease

Physician Signature:

NC002

Name Pugh, Cedric (Last) (First) (Middle Initial)
Date 2-25-03
Allergies NKDA
AIS # 182373
Facility Hamilton Staton
SIG.
[illegible]
Rifampin 500 mg BID x 10
[illegible]

Noted 2/25/03 @ 1[illegible]

Discontinue
Continue
Increase
Decrease

Physician Signature: B [illegible]

NC002

Name Pugh, Cedric (Last) (First) (Middle Initial)
Date 11-12-02
Allergies NKDA
AIS # 182373
Facility Hamilton A+I
SIG.
Shine [illegible] x 30
Noted AHS
[illegible]

Discontinue
Continue
Increase
Decrease

Physician Signature: B [illegible]

NC002

Name Pugh, Cedric (Last) (First) (Middle Initial)
Date 6/17/02
Allergies NKDA
AIS # 182373
Facility Hamilton A+I
SIG.
Pen VK 500 mg TID x 7 days
[illegible] 250 mg TID x 7 days
[illegible] 600 mg [illegible] x 7 days
[illegible]

Noted [illegible] 6/17/02

Discontinue
Continue
Increase
Decrease

Signature: [illegible]

NC002

Health Services Request Form

Inmate Name Cedric Pugh Date of Request 2/24/03

AIS No. 182373 Date of Birth [redacted] Housing Loc. C3-33-Top

Nature of problem or request I'm requesting To see The Nurse. I'm having problem with my left Arm, When I work out with about 225 pd or less, it hurt to move it around.

Sign here for consent to be treated by health staff for the condition described above. Cedric Pugh

Place this slip in Medical Box or designated area FEB 24 2003

DO NOT WRITE BELOW THIS LINE Staton

Health Care Documentation

Subjective: Work out 4x wkly - Always hurts [illegible] work out. - yes I've been adding salt to my food

Objective: BP 144/104 P 80 R 20 T 97.2 WT 205

ROM good [illegible] no [illegible] of pain. Denies pain upon movement.

Assessment: [illegible] 2-25-03

Plan: Review by MD [illegible]

Refer to: PA/ Physician Mental Health Dental

Education: Use warm packs [illegible] x 20 min, Use relaxing techniques take tyl. for pain. Stop workout x 3 days, Start lifting lesser amts. - No added salt to food

Protocol used: (specify)

Signature [illegible] Title RN Time Date 2-23-03

NaphCare

SAC

HEALTH SERVICES REQUEST FORM

Print Name: Cedric Pugh Date of Request: 11/8/02

ID#: 182373 Date of Birth: [redacted] Housing Location: C3-13-T

Nature of problem or request: I'm requesting to see the Noise. I can't SAVE with the SAving powder or with the razer blAid. Cause they both break me out bads.

Cedric Pugh

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

****

HEALTH CARE DOCUMENTATION

Subjective: Shaving Profile

Objective: BP 110/62 P 68 R 20 T 97.4 wt 200 Pustules on face
facial hair

Assessment: Alteration skin integrity 11-12-02

Plan: Shaving Profile

Refer to: ___ PA/Physician ___ Mental Health ___ Dental 11/12/02

HEALTH STATUS

TRANSFER [illegible] TRANSFER [illegible] AM

Transferring Facility:

Name: Pierce Cedric

Number: 182373 Race: B W H Other

Age: _____ Date of Birth: [redacted] Sex: M F

Date: ___/___/___

Time: _____ AM PM

Allergies: _____ Food Handler Approved: Y / N

Current Acute Conditions/Problems: _____

Chronic Conditions/ Problems: _____

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: _____

Chronic Long-term Medications: _____

Chronic Psychotropic Medications: _____

Current Treatments: _____

Follow-up Care Needed: _____

Last PPD: _____ Results _____ mms Last Physical: ___/___/___

Chronic Clinics: _____ Specialty Referrals: _____

Significant Medical History: _____

Physical Disabilities/Limitations: _____

Assistive Devices/Prosthetics: _____ Glasses: _____ Contacts: _____

Mental Health History/Concerns:

Substance Abuse: Y / N Alcohol: Y / N Drugs: Y / N

_____ Hx Suicide Attempt: Date: ___/___/___

_____ Hx Psychotropic Medication

_____ Previous Psychiatric Hospitalizations

Signature and Title Date: ___/___/___

TRANSFER RECEPTION SCREENING

Receiving Facility:

Date: ___/___/___ Time: _____ AM PM

S: Current Complaint: _____

Current Medications/Treatment: _____

O: Physical Appearance/Behavior: _____

Deformities: Acute/Chronic: _____

T ____ P ____ R ____ B/P ____/____

A: _____

P: Disposition: (Instructions: Check or circle as appropriate)

____ Routine, Sick Call Instructions Given

____ Emergency Referral

____ HIV/TB Instruction Given

____ Physician Referral:

Urgent / Routine

____ Medication Evaluation

____ Work/Program Limitation

____ Special Housing

____ Specialty Referrals

____ Chronic Clinics

____ Mental Health

____ OTHER

____ Infirmary Placement

Other: _____

Signature and Title

CMS 7190

NAPHCARE, INC.

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: BI BD

Date: 4-17-02
Time 2:45 AM
Allergies NKA
Food Handler Approved Y / N

Name Pugh, Cedric
AIS 182373
Age 21 Date of Birth [redacted]
Race B Sex M

Current Acute Conditions/Problems: Ø
Chronic Conditions/ Problems: Ø

Current Medications- Name, Dosage, Frequency, Duration:
Acute short term medications Ø
Chronic Long Term Medications Ø
Chronic Psychotropic Medications Ø

Current Treatments: Ø
Follow up care Needed Ø

Last PPD 6-2-01 Results ____ mms Last Physical 6/21/01
Chronic Clinics Ø
Specialty Referals Ø
Significant Medical History Ø
Physical Disabilities/Limitations Ø
Assistive Devices/Prosthetics Ø Glasses ____ Contacts ____
Mental Health History/Concerns Ø

Substance abuse Y (N) Alcohol Y (N) Drugs Y (N)
Ø Hx Suicide Attempt Date ___/___/___
Hx Psychotropic Medication
Previous Psychiatric Hospitalizations

Signature/Title/Date
M. Mills LPN

Transfer Reception Screening
Date 4/19/02 Time 4 am pm
S: Current complaint Ø
Current medications/Treatments Ø
O Physical Appearance/Behavior Cooperative
Deformities: Acute/Chronic
T 98.6 P 70 R 18 B/P 120/80
A

P Disposition (Instructions: Check or circle as appropriate)
✓ Routine sick call Instructions given
___ Emergency referral
___ HIV/TB Instructions given
___ Physician referral
Urgent / Routine
___ Medication Evaluation
___ Work/Program Limitation
___ Special Housing
___ Specialty Referrals
___ Chronic Clinics
___ Mental Health
___ OTHER
___ Infirmary Placement

Receiving Facility: Ghc

Signature/ Title: A H Smith LPN

NC 071

PHYSICIAN PROGRESS NOTES

Patient Name_____ I.D. #_____ Institution _____

DATE	TIME	NOTES	SIGNATURE

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: Frank Lee

Name: Pugh Cedrick

Number: 182373A Race: B W H Other

Age: ____ Date of Birth: 9[redacted] Sex: M F

Date: 4/29/02

Time: 4 AM PM

Allergies: NKA

Food Handler Approved: Y / N

Current Acute Conditions/Problems: ____

Chronic Conditions/ Problems: ____

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: ____

Chronic Long-term Medications: ____

Chronic Psychotropic Medications: ____

Current Treatments: ____

Follow-up Care Needed: Physical

Last PPD: 6/6/00 Results 0 mms Last Physical: 6/6/00

Chronic Clinics: ____ Specialty Referrals: ____

Significant Medical History: ____

Physical Disabilities/Limitations: ____

Assistive Devices/Prosthetics: ____ Glasses: ____ Contacts: ____

Mental Health History/Concerns:

Substance Abuse: Y / N Alcohol: Y / N Drugs: Y / N

____ Hx Suicide Attempt: Date: __/__/__

____ Hx Psychotropic Medication

____ Previous Psychiatric Hospitalizations

A H Smith MD Signature and Title Date: 4/29/02

TRANSFER RECEPTION SCREENING

Receiving Facility:

Date: __/__/__ Time: ____ AM PM

S: Current Complaint: ____

Current Medications/Treatment: ____

O: Physical Appearance/Behavior: ____

Deformities: Acute/Chronic: ____

T ____ P ____ R ____ B/P ____/____

A: ____

P: Disposition: (Instructions: Check or circle as appropriate)

____ Routine, Sick Call

Instructions Given

____ Emergency Referral

____ HIV/TB Instruction Given

____ Physician Referral:

Urgent / Routine

____ Medication Evaluation

____ Work/Program Limitation

____ Special Housing

____ Specialty Referrals

____ Chronic Clinics

____ Mental Health

____ OTHER

____ Infirmary Placement

Other: ____

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name Pugh Cedric I.D. # 182373 Institution Bibb

DATE	TIME	NOTES	SIGNATURE
10/10/01	545	New Initial screen done — E Sowell	
4-17-02		Recd @ sick call see Smeds Vol I SOEhlman	
4-29-02	—	To Hamilton We Vol. I of I sent	Student
6-13-02		Recd @ sick call Staton Smeds Vol I SOEhlman	
5-18-5		WT220 BP144/78P 7c R19 T97.0 O2 98% RA	
		CCC Flu — G. Call LPN	

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: WDC 7

Name: Pugh, Cedric
Number: 182373 Race: (B) W H Other
Age: _____ Date of Birth: [redacted] Sex: (M) F

Date: 10/9/01
Time: 0400 (AM) PM
Allergies: NKA
Food Handler Approved: (Y) N
Current Acute Conditions/Problems: Ø
Chronic Conditions/ Problems: Ø

Current Medications - Name, Dosage, Frequency, Duration:
Acute Short-term Medications: Ø
Chronic Long-term Medications: Ø
Chronic Psychotropic Medications: Ø

Current Treatments: Ø
Follow-up Care Needed: Ø

Last PPD: 6/2/00 Results NR mms Last Physical: 6/2/00
Chronic Clinics: Ø Specialty Referrals: Ø
Significant Medical History: Ø
Physical Disabilities/Limitations: Ø
Assistive Devices/Prosthetics: Ø Glasses: _____ Contacts: _____
Mental Health History/Concerns:
Substance Abuse: Y / (N) Alcohol: Y / (N) Drugs: Y / (N)

Ø Hx Suicide Attempt: Date: __/__/__
Ø Hx Psychotropic Medication
Ø Previous Psychiatric Hospitalizations

E. Stutts LPN
Signature and Title Date: 10/9/01

TRANSFER RECEPTION SCREENING

Receiving Facility: Bibb

Date: 10/09/01 Time: _____ AM PM

S: Current Complaint: Ø
Current Medications/Treatment: Ø

O: Physical Appearance/Behavior: Ø
Tatoos to both arms Chest, & Back R ring finger in back stab wound to R side
Deformities: Acute/Chronic: Bunions to L toe, R foot stab, surgical scar
T ___ P ___ R ___ B/P ___/___

A: Med Intake

P: Disposition: (Instructions: Check or circle as appropriate)
✓ Routine, Sick Call
___ Instructions Given
___ Emergency Referral
___ HIV/TB Instruction Given
___ Physician Referral:
Urgent / Routine
___ Medication Evaluation
___ Work/Program Limitation
___ Special Housing
___ Specialty Referrals
___ Chronic Clinics
___ Mental Health
___ OTHER
___ Infirmary Placement

Other: _____

E. Smith LPN
Signature and Title

CMS 7190

NAME	AIS#
DATE	FACILITY
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME	AIS#
DATE	FACILITY
SIG.	DISCONTINUE
	CONTINUE
	INCREASE
Physician Signature:	DECREASE

NAME Pugh Cedric	AIS# 182373
DATE 4-13-99	FACILITY Bb
SIG. Motrin 600 i tid x 3dys	DISCONTINUE
	CONTINUE noted 4-13-99 Skinner LPN
	INCREASE
Physician Signature: [signature]	DECREASE

NAME Pugh, Cedric	AIS# 182373
DATE 4/2/99	FACILITY BIBB CNTY CF
SIG. Pen VK 500mg tid x 7days po Motrin 600mg BID po x 3days	DISCONTINUE
	CONTINUE noted 4/2/99 3:05pm
	INCREASE J Payton LPN
Physician Signature: DR West / Pringle, RN	DECREASE

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

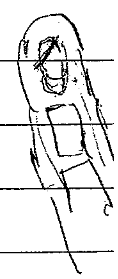
Patient Name Pugh Cedric I.D. # 182373 Institution Bibb Co.

DATE	TIME	NOTES	SIGNATURE
4/13/06	(P)	sees by dentist c N/O received/processed @ this time for pain needs F/U visit.	

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Pugh, Cedric 182373 D.O.B.: [redacted]
3/15/06	204/CPre: ✓ hand
	(S) Pt s̄ Congenital [illegible] x itching + swelling of
	face
	(O) alert NAD
	mild swelling of eyes/face
	3rd degree of (R) hand healing well
	(A) - 2nd degree healing
	- possible allergic reaction to food 2° to Bactrim
	(P) D/C Bactrim
	cont Diflucan
	add Keflex
	[signature]
4/12/06	Reviewed radiology report dated 3/14/06
	that revealed distal tuft fracture of (R)
	middle finger. Pt seen by Dr. Chung.
	Awaiting approval of UM, will refax UM.
	Pt currently being followed by Dr. Peasant
	Will schedule F/U appt c̄ Dr. Peasant re
	X ray. —— A. Robinson, CRN
5/1/06	204/CPre. f/u of X-ray
	(S) Pt c̄ h/o hand being caught in meal grinder
	Pt c/o occ. some discharge from finger
	(O) Partial amputation of (R) middle finger
	c̄ portion of tuft (distal) c̄ displacement of
	of fragment =)
	[signature]



60111 (5/85) mplete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: D.O.B.: / /
5/1/06	Wound c̄ fresh tissue formation no odor
	∅ drainage
	(A) (R) middle finger injury c̄ h/o drainage
	(P) [illegible]
	(E) call c̄ ↑ drainage [signature]
5/31/06	[illegible] re ✓ finger
5/31/06 4:30p	NOLL yon FWA 98.4 130/70 20 80 ——— AH Smith LPN

PRISON HEALTH SERVICES INCORPORATED

MEDICAL INFORMATION TRANSFER FORM

Confidential Medical Data

To: Baptist So. Hospital (Agency)
Southern Blvd (Address)
Montgomery, Al.

From: Elmore Corr. Center (Institution)
P.O. Box 56, Elmore, Al. 36025 (Address)
(334) 567-5548 (Telephone)

Inmate's Name: Pugh, Cedric
a/k/a:
D.O.B.: [redacted] SS #: [redacted]

Person Completing Form
Name: D. Austin hpa
Signature: D Austin hpa
Date: 02/23/06

MEDICAL PROBLEM(S):
(L) hand caught in mixer. 3rd finger (R) hand - 1/4 of pide missing

TREATMENTS/MEDICATIONS:
Irrigation pressure dsg.

Allergies:
NKA

Pregnant: Yes (No) Unknown

Other Lab Data:

TB Skin Test: (NEG) POS Date 10/12/05
CXR: (NEG) POS Date 10/18/05

Test			Treated	Date
RPR:	NEG	POS	Yes No	10/27/05
VDRL:	NEG	POS	Yes No	
GC:	NEG	POS	Yes No	
Other: HIV, AIA			Yes No	10/27/05 Neg.

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 2/23/06 TIME 940 AM PM ORIGINATING FACILITY Elmore ☐ SIR ☐ PDL ☐ ESCAPEE ☐ ☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

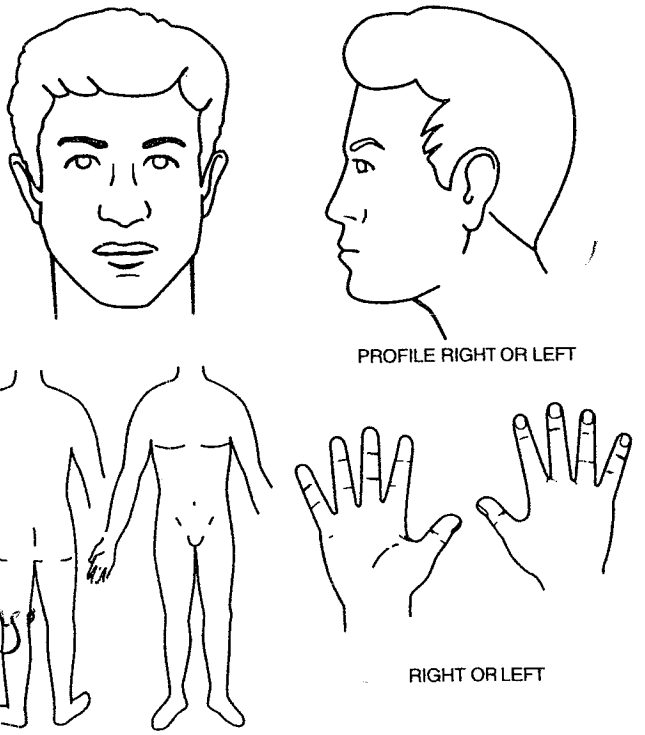
ALLERGIES NKA CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.2 ORAL RECTAL RESP. 20 PULSE 76 B/P 124/76 RECHECK IF SYSTOLIC <100> 50 ____/____

NATURE OF INJURY OR ILLNESS

S - "I got my finger caught in the bumper"

ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / ____ SUTURES



PHYSICAL EXAMINATION

O - Has 1/3 of outer aspect of Ring finger on (R) hand missing. Mod amt of bleeding noted to area.

A - Body chart per DOC request.

P - (1) area cleansed and bandage (2) Transported to Baptist South ER per DOC van

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
· Given Motrin 800mg Rx Analgesia IM	2/23/06 0955	
· Tetnus Given IM (2) Deltoid	2/23/06 0955	

DIAGNOSIS Injury to (R) Ring finger

INSTRUCTIONS TO PATIENT RTC as needed

DISCHARGE DATE 2/23/06 TIME 1000 AM PM RELEASE / TRANSFERRED TO ☐ DOC ☐ AMBULANCE ☑ CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE DATE 2/23/06 PHYSICIAN'S SIGNATURE DATE CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Rush, Cedric	182373	[redacted]	B/M	Elmore

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Pugh, Cedric D.O.B.: [redacted]
8/12/05	Doxycycl. f/u B/P
8/12	B/P 138/66
	BP log 130-140/80 to low 90's
	Pt denies family Hx. Non smoker
	Pt Does not want to take BP Meds
	O. A&Ox3
	A. Borderline HTN
	P. Counseled about HTN & de sequelae
	Pt will focus on Diet/exercise
	TS/U PRN
2/24/06	Tu NCP Pwr ewd: 132/78, 97°, 99, 97%
2/27/06 3:35 pm	Back from FWA 98² P67 R16 O2 98%
	136/98 no complaints voiced — IGjones, LPN
	(S) Return fm FWA c Dr. Chung
	for (R) hand injury
	(P) surgical debridement & graft
	recommended for (R)
	middle finger - Skin
	graft from groin

60111 (5/85) Complete Both Sides Before Using Another Sheet

Date/Time	Inmate's Name: D.O.B.: / /
3/2/06	Returned from FWA: V/S 142/98, 20, 90, 98[4] (S) FWA c Dr. Chung for debridement of (R) index finger (O) finger in dressing (A) Debridement of (R) index finger. (P) TO MOU X 24[0] FU c Dr Chung in 2wk / [signature] c x-ray of (R) hand.
3/13/06 10:50AM	M.O.U. Return from FWA R.E: (R) middle finger T 98.5, P 84 O2sat 97% RA, 13/77 S. Taylor CMA FWA c Dr. Chung (S) Partial amputation of (R) middle finger Review - sutures removed wound care FU visit in 3wk [signature] c Dr. Chung.

PHS

Nursing Evaluation Tool: Abscess / Boil(s)

Elmore

Facility: ~~Staton~~ Correctional Facility

Patient Name: Pugh (Last) Cedric (First) MI

Inmate Number: 182373

Date of Birth: [redacted] (MM DD YYYY)

Date of Report: 03 / 28 / 06 (MM DD YYYY)

Time Seen: 7:55 A AM / PM Circle One

Subjective: Chief Complaint(s): My finger is still draining & I still have pain.

Onset: 02/23/06

History: Meat grinder on 02/23/06 (Continue on back if necessary)

Drainage: ☑ No ☐ Yes History of Diabetes? ☑ No ☐ Yes Recent hospitalization? ☐ No ☑ Yes Last Week. ☐ Check Here if additional notes on back

Contact with MRSA infected patients? ☐ No ☐ Yes Previous diagnosis or treatment for MRSA? ☐ No ☐ Yes

Objective: Vital Signs: (As Indicated) T: 97.6 P: 68 RR: 18 B/P: 130 / 74 Wgt 21

Abscess Description: ☑ Tense ☐ Fluctuant ☐ Drainage (Sample of Drainage Obtained for Culture): ☐ YES ☑ NO
Check all that apply

Size(measurement) of Abscess: ϕ Location of Abscess: ϕ

☑ Additional Examination: ϕ drainage present. Loss of part of (R) middle finger noted. Dried but slight infection noted. C/O pain. (Continue on back if necessary)

☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s): _____

Referral may not be required if the following parameters have been met:
(1) Small, Non-fluctuant abscess (2) No drainage/pus (3) Afebrile and (4) Patient is not HIV+ or a diabetic.

☑ Referral Required due to the following: (Check all that apply)

☐ Febrile ☐ Presence of inflammation / edema of surrounding area ☐ Drainage ☐ Diabetes
☐ Recurrent Complaint (More than 2 visits for the same complaint) ☐ Other (Describe): _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of th appropriate care to be given.

Plan: Check All That Apply:

☐ Dry, sterile, dressing applied.
☐ Obtain sample of drainage for culture and sensitivity if significant or persistent infection exists.
☐ Instruct patient to apply warm compresses x 20 minutes 2-4 times daily.
☐ Contact isolation (not required if lesion is small, easily covered, and inmate understands and is compliant).
Required for: Any inmate who is unable/unwilling to understand follow-up management or who is non-compliant with active therapy.
Any inmate with a large abscess, boil, or draining lesion that cannot be adequately covered and kept clean and dry.
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they shou do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ Report made to security and infection control team regarding possible MRSA. ☐ Entry made in MRSA log of potential case.
☐ Instructions to return if condition worsens.
☑ Other: Was on Mon for finger (Describe)

OTC Medications given ☑ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☑ YES (If Yes, Whom/Where): UCP Date for referral: 03 / 28 / 06 (MM DD YYYY)

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time _____

x D Austin Lpn
Nurses Signature

Name: D Austin Lpn
Printed

Treatment 3:55

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 03-26-06
ID # 182373 Date of Birth: [redacted] Location: B2-146-
Nature of problem or request: I'm requesting to see the doctor about my injured finger. They took me off medication but I'm still in pain and my finger's still draining. Thanks

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 03/28/06
Time: _____ (AM) PM
Allergies: NKA

RECEIVED
Date: 3-27-06
Time: 1100pm
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: 97.6 P: 68 R: 18 BP: 130/74 WT: 216

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 3/14/06 TIME 2125 AM/PM | ORIGINATING FACILITY Elmore ☐ SIR ☐ PDL ☐ ESCAPEE ☐ | ☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT

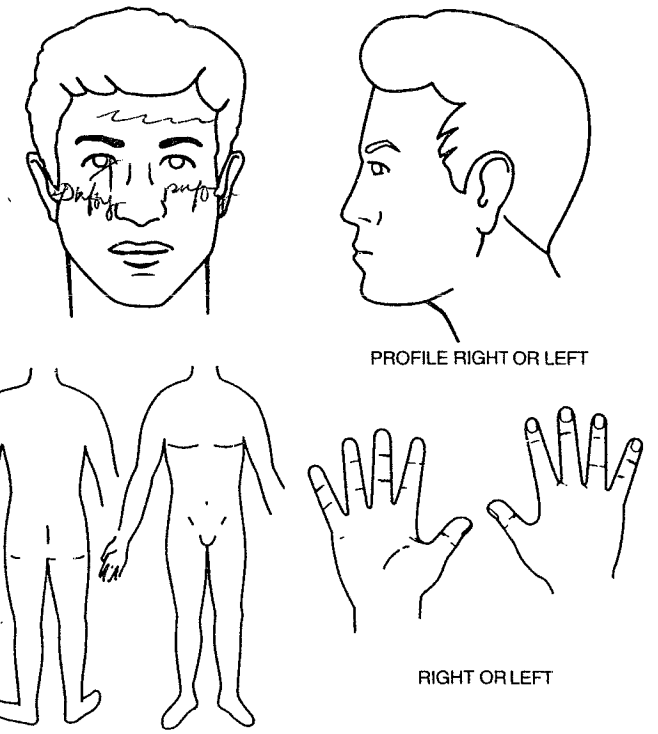
ALLERGIES NKA | CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.1 ORAL/RECTAL RESP. 20 PULSE 80 B/P 118/80 RECHECK IF SYSTOLIC <100> 50 ____/____

NATURE OF INJURY OR ILLNESS

S- "Yesterday my face started itching - Started around my (R) eye" "I scratched and it did go under my eye" "My face started swelling and itching" - "I've been itching ever since I started the new medicine"

ABRASION /// | CONTUSION # | BURN XX XX | FRACTURE Z Z | LACERATION / ____ SUTURES



PHYSICAL EXAMINATION

O- AAOx3 & SOB skin w/d to touch face noted to have small amounts purulence around eye area - Small raised flesh colored papules noted to cheeks and forehead Small abrasion to corner of inner corner (R) eye Sclera red & purulent drainage

A- Activation in comfort

P- MD to review

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
See today		

DIAGNOSIS

INSTRUCTIONS TO PATIENT

√ sick call for Medication order

DISCHARGE DATE 3/14/06 TIME 2140 AM/PM | RELEASE / TRANSFERRED TO ☑ DOC ☐ AMBULANCE ☐ | CONDITION ON DISCHARGE ☐ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

NURSE'S SIGNATURE A Mullican LPN | DATE 3/14/06 | PHYSICIAN'S SIGNATURE [signature] | DATE 3-14-06 | CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Dunlap, Cedric	182373	[redacted]	B/M	ECF

PHS
PRISON HEALTH SERVICES INCORPORATED

Elsmore

Pugh, Cedric

PROGRESS NOTES

Date/Time	Inmate's Name: Pugh, Cedric # 182373 D.O.B.: / /
0012	S- "The nurse who did the treatment says my finger doesn't look good. Will the Doctor check it in the morning? She put a new dressing on it."
	O- Awake in bed. Fowlers position. Dressing to Rt finger clean, dry, intact. Skin w/d. RRC ease - A&Ox3 - T 98.3 P85 R20 BP 120/84 O2Sat 98%.
	A- Alteration in skin integrity and comfort.
	P- Continue POC. — G Johnson RN
3/7/06	S- "I feel like I've got indegestion. It might be."
	O- A&Ox3. Resp ease. Skin w/d. to touch. C/O indigestion. IV NS infusing in left hand c difficulty @ 100cc/hr. Antacid II PO given
	A- Alt in comfort
	P- Cont c POC — C Kelly
	S- "I pull the IV so I could take care of myself."
	O- IV d/c'd to left hand per inmate. MD notified. orders received to restart IV. RN Johnson attempted X2 c success — C Kelly
	A- Alt in health maintenance / comfort
	P- Cont c POC — C Kelly

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 8-14-05
ID # 182373 Date of Birth: [redacted] Location: B2-141-TOP
Nature of problem or request: I'm requesting to get A Follow up on my ~~profile~~ shaving profile. It about to exspire on the 22nd of this month.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 8/14/05
Time: 2:00
Receiving Nurse Intials SM

Sick Call

(S)ubjective:

(O)bjective

(A)ssessment: No show 08/05/05

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

Austin R
SIGNATURE AND TITLE

TE: INMATES MEDICAL FILE
LLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: _____

Date: _____ Time: _____ AM/PM

RECEIVED FROM:
Institution/Work Release Center/Free-World Hospital

_____

RECEIVING MEDICAL STATUS

☐ Population
☐ Infirmary
☐ Isolation

RELEASED: Inmate/Health Record

Institution: _____

Date: _____ Time: _____ AM/PM

RELEASE FROM:

☐ Infirmary ☐ Segregation
☐ Population ☐ Mental Health
☐ Other _____

RELEASE TO:

☐ DOC ☐ Infirmary ☐ Mental Health
☐ _____
Institution/Work Release Center/Free-World Hospital

ALLERGIES:

NKA

PHYSICAL EXAMINATION

Date of last exam: _____

Chest X-Ray Date: _____ Result: _____

PPD Reading _____

Classification: _____

Limitations: _____

_____

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	_____	☐	☐
Urinalysis	_____	☐	☐
_____	_____	☐	☐

	YES	NO
Wears Glasses/Contacts	☐	☒
Dental Prosthesis	☐	☒
Hearing Aide	☐	☒
Other Prosthesis	☐	☒

C Hall
Recieving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

HTN

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

HCTZ 25mg : po. qd
Zantac 150mg : po. BID.

MEDICATIONS ☐ Sent w / inmate ☐ Not sent w / inmate
X-RAY FILM ☐ Sent w / inmate ☐ Not sent w / inmate
HEALTH RECORD ☐ Sent w / inmate ☐ Not sent w / inmate
Released to: _____

Date: _____ Time: _____ AM/PM

MEDICATIONS	☒ Received	☐ Not Received
X-RAY FILM	☐ Received	☒ Not Received
HEALTH RECORD	☒ Received	☐ Not Received
CHART REVIEWED	☒ YES	☐ NO

Received by: C Hall
Signature of Receiving Nurse
Date: 10/23/05 Time: 2330 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED

	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurs
☐ Medical ☐ Dental				
☐ Mental Health				

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation)

		Yes	No
HISTORY	Drug Use		
	Mental Illness		
	Suicide Attempt		
	Chronic Care		
STATUS	Special Diet		
	Appearance		

OTHER PERTINENT NURSING ASSESSMENT

_____

_____

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		✓
	Lice		
	Edema		
	Warm & Dry	✓	
	Cool & Moist		✓
CONDITION	Alert	✓	
	Oriented	✓	
	Uncooperative		
	Depressed		✓

INTAKE

Sick Call Procedures Explained	☐
Height	6'2
Weight	210
Blood Pressure	138/80
Temperature	98.6
Pulse Resp.	80/22
Other	

_____

_____ _____ C Hall _____ 10/23/05

Signature of Nurse Completing Assessment (Sending Nurse) Date Signature of Intake Screening Nurse (Receiving Nurse) Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Pugh, Cedric D.O.B.: [redacted]
6/21/05 1100A	R'cvd ECC/SHCU Vol. I of I Ø meds — C Shell, MA
08/05/05	Ø shows sick Call — Dustin Lyon

60111 (5/85)

Complete Both Sides Before Using Another Sheet

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 5-18-05
ID # 182373 Date of Birth: [redacted] Location: F1-41-Top
Nature of problem or request: I Need To see The Doctor Soon As possible, I am having some type of bumps growing out of my head, Also my BACK is hurting, my Elbo is too, also I need A tooth pull.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/19/05
Time: 12:05 AM PM
Allergies: NKA

RECEIVED
Date: MAY 18 2005
Time:
Receiving Nurse Intials WB

(S)ubjective:

Warts on my hand

(O)bjective (V/S): T: 97.0 P: 66 R: 18 BP: 130/92 WT: 205

C/O small non-discolored bumps to shaven scalp.

(A)ssessment:

Altered skin integrity.

(P)lan:

Refer chart for MD eval.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

Wm Bingham RN gnv
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 4-13-04
ID # 182373 Date of Birth: [redacted] Location: D3-46-B
Nature of problem or request: Im requesting to see the Nurse. ASAP.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/13/05
Time: 130 AM PM
Allergies: NKDA

RECEIVED
Date: APR 13 2005
Time:
Receiving Nurse Intials _____

(S)ubjective: I need something for cold

(O)bjective (V/S): T: 98.2 P: 70 R: 20 BP: 128/98 WT: 216
Nasal drainage
Dry cough Non productive
lungs clear

(A)ssessment:

(P)lan: See MD orders

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (0) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No (0)
Was MD/PA on call notified: Yes ( ) No (0)

CC Childress LPN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 4-12-04
ID # 182373 Date of Birth: [redacted] Location: DB-46-B
Nature of problem or request: Im requesting to see the Nurse. ASAP.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/13/04
Time: 130 AM PM
Allergies: NKDA

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective: I need something for cold

(O)bjective (V/S): T: 98.2 P: 70 R: 20 BP: 128/98 WT: 216
nasal drainage
Dry cough Non productive
lungs clear

(A)ssessment:

(P)lan: See MD orders

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No (✓)
Was MD/PA on call notified: Yes ( ) No (✓)

C C Wilder LPN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 12-22-04
ID # 182373 Date of Birth: [redacted] Location: D3-46-B
Nature of problem or request: I'm requesting to get a follow up on a saving profile.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/22/04
Time: 2300 AM (PM)
Allergies: NKA

RECEIVED
Date:
Time: DEC 22 2004
Receiving Nurse Intials

(S)ubjective: I need A Shave Profile. Renewed

(O)bjective (V/S): T: 98 P: 108 R: 20. BP: 100/174 WT: 205
BM A & O X3. ∅ S/S ∅ Distress MAE's well Skin w & D. Denies Discomfort ~ Shave Profile

(A)ssessment: Alt ∅ Comfort 2° to Shaving

(P)lan: Shave Profile.

Refer to: MD/PA Mental Health Dental Daily Treatment (Return to Clinic PRN)
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No (✓)
Was MD/PA on call notified: Yes ( ) No (✓)

[signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 6-16-04
ID # 182373 Date of Birth: [redacted] Location: D3-46-T
Nature of problem or request: I'm requesting to see the Nurse. Soon As possible. I Need to get A profile for shaving. I CAN't shave with out A profile. Razer AND shaving powder Bump Me UP.
Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/21/04
Time: 12:16 AM PM
Allergies: NKA

RECEIVED
Date:
Time:
Receiving Nurse Intials

(S)ubjective: "I've Chronic Rash to face caused by Shaving with Razor" Request Shave profile 30/81

(O)bjective (V/S): T: 98.7 P: 64 R: 20 BP: WT: 20

Inmate has visible Follicultis to facial areas

(A)ssessment: All Skin integrity

(P)lan: Request Shave Profile

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No (✓)
Was MD/PA on call notified: Yes ( ) No (✓)

[signature] LPN 6/22/04
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 6-16-04
ID # 182573 Date of Birth: [redacted] Location: D3-46-T
Nature of problem or request: This request is to see nurse asap as possible. I need to get a profile for shaving. I can't shave with out a profile. Razor bumps and shaving powder. Bump me up.
Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/21/04
Time: 12:16 AM PM
Allergies: NKA

RECEIVED
Date:
Time:
Receiving Nurse Intials JH

(S)ubjective: Pt c/o chronic rash to face caused by shaving with razor. Request shave profile 36/8

(O)bjective (V/S): T: 98.7 P: 64 R: 20 BP: WT: 220

Inmate has visible follicultis to facial areas

(A)ssessment: Altered skin integrity

(P)lan: Request shave profile

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No (✓)
Was MD/PA on call notified: Yes ( ) No (✓)

Jones LPN 6/22/04
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 6-14-04
ID # 182373 Date of Birth: [redacted] Location: D3-46-Top
Nature of problem or request: I'm requesting to see the nurse ONCE Again out of two request slip. I still haven't being seen. I need to see the Nurse About A shaveing profile And the dentis About getting my tooth Pulled.
Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
JUN 15 2004
Date:
Time:
Receiving Nurse Initials

(S)ubjective:

NO Show

(O)bjective (V/S): T: **P:** **R:** **BP:** **WT:**

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 6-14-04
ID # 182373 Date of Birth: [redacted] Location: DP 46 top
Nature of problem or request: I'm requesting to see the nurse ONCE Again out of two request slip. I still haven't being seen. I need to see the Nurse about A shaving profile and the dents about getting my teeth Pulled.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

NO Show

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 6-8-04
ID # 182373 Date of Birth: [redacted] Location: D3-46-6P
Nature of problem or request: I'm requesting to see the Nurse. I need To get A profile. I can't shave with A razer or shave powder without Bumping up real Bad. Thank You.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
JUN 0 9 2004
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: NO show

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Cedric Pugh Date of Request: 6-8-04
ID # 182373 Date of Birth: [redacted] Location: D3-46-2D
Nature of problem or request: I'm requesting to see the Nurse. I need to get a profile I cant have with a razer or shave petter without Bumpsy up real Bad. Thank You.

Cedric Pugh
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment: ND Slow

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record
Institution: KCF
Date: 3/16/04 Time: 1640 AM/PM
RECEIVED FROM:
Institution/Work Release Center/Free-World Hospital
KCF

RELEASED: Inmate/Health Record
Institution: K
Date: _____ Time: _____ AM/PM
RELEASE FROM:
☐ Infirmary ☐ Segregation
☐ Population ☐ Mental Health
☐ Other _____

RELEASE TO:
☐ DOC ☐ Infirmary ☐ Mental Health
☐ _____
Institution/Work Release Center/Free-World Hospital

ALLERGIES:
NKDA

RECEIVING MEDICAL STATUS
☑ Population
☐ Infirmary
☐ Isolation

PHYSICAL EXAMINATION
Date of last exam: 5/9/03
Chest X-Ray Date: _____ Result: Pos
PPD Reading 5/11/03
Classification: _____
Limitations: _____

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	5/7/02	☐	☐
Urinalysis	3/7/02	☑	☐
_____	_____	☐	☐

	YES	NO
Wears Glasses/Contacts	☐	☑
Dental Prosthesis	☐	☑
Hearing Aide	☐	☑
Other Prosthesis	☐	☑

Celinda Tyree LPN
Recieving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

MEDICATIONS	☐ Sent w / inmate	☑ Not sent w / inmate
X-RAY FILM	☐ Sent w / inmate	☑ Not sent w / inmate
HEALTH RECORD	☑ Sent w / inmate	☐ Not sent w / inmate

Released to: KCF
Date: 3/16/04 Time: 1640 AM/PM

MEDICATIONS	☐ Received	☑ Not Received
X-RAY FILM	☐ Received	☑ Not Received
HEALTH RECORD	☑ Received	☐ Not Received
CHART REVIEWED	☑ YES	☐ NO

Received by: Celinda Tyree LPN
Signature of Receiving Nurse
Date: 3/16/04 Time: 1640 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC
DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED

	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurs
☐ Medical ☐ Dental				
☐ Mental Health				

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation)

		Yes	No
HISTORY	Drug Use		
	Mental Illness		
	Suicide Attempt		
	Chronic Care		
STATUS	Special Diet		
	Appearance		

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		✓
	Lice		✓
	Edema		✓
	Warm & Dry	✓	
	Cool & Moist		✓
CONDITION	Alert	✓	
	Oriented	✓	
	Uncooperative		✓
	Depressed		✓

INTAKE

Sick Call Procedures Explained	Yes
Height	6' 2"
Weight	215
Blood Pressure	130/8[illegible]
Temperature	98.4
Pulse Resp.	84 2[illegible]
Other	

_____ Date
Signature of Nurse Completing Assessment (Sending Nurse)

Celinda Tyree LPN 3/16/04
Signature of Intake Screening Nurse (Receiving Nurse) Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Pugh, Cedric	182373	[redacted]	B	KCF

PHS-MD-70009 (White - Medical Jacket, Yellow - Transfer Coordinator)

PHS PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record
Institution: MCWC
Date: 1/31/04 Time: _____ AM/PM
RECEIVED FROM:
Institution/Work Release Center/Free-World Hospital
Elmore
RECEIVING MEDICAL STATUS
☒ Population
☐ Infirmary
☐ Isolation

RELEASED: Inmate/Health Record
Institution: Elmore
Date: 1/29/04 Time: 2:25 AM/PM
RELEASE FROM:
☐ Infirmary ☐ Segregation
☒ Population ☐ Mental Health
☐ Other _____
RELEASE TO:
☐ DOC ☐ Infirmary ☐ Mental Health
☒ Montg CWC
Institution/Work Release Center/Free-World Hospital

ALLERGIES:
NKA

PHYSICAL EXAMINATION
Date of last exam: _____
Chest X-Ray Date: _____ Result: _____
PPD Reading 5-11-03 ¢
Classification: _____
Limitations: _____

LAB RESULTS - - LAST REPORT

	Date	Normal	Abnormal
CBC	5-7-02	☐	☐
Urinalysis	5-7-02	☑	☐
_____	_____	☐	☐

	YES	NO
Wears Glasses/Contacts	☐	☑
Dental Prosthesis	☐	☑
Hearing Aide	☐	☑
Other Prosthesis	☐	☑

Katie Baily
Recieving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

MEDICATIONS	☐ Sent w / inmate	☒ Not sent w / inmate
X-RAY FILM	☐ Sent w / inmate	☒ Not sent w / inmate
HEALTH RECORD	☒ Sent w / inmate	☐ Not sent w / inmate

Released to: Montg CWC
Date: 1-29-04 Time: 2:25 AM/PM

MEDICATIONS	☐ Received	☐ Not Received
X-RAY FILM	☐ Received	☐ Not Received
HEALTH RECORD	☑ Received	☐ Not Received
CHART REVIEWED	☐ YES	☐ NO

Received by: Katie Baily
Signature of Receiving Nurse
Date: 1/31/03 Time: _____ AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC
DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED
☐ Medical ☐ Dental ☐ Mental Health

Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nur

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation)

		Yes	No
HISTORY	Drug Use		✓
	Mental Illness		✓
	Suicide Attempt		✓
	Chronic Care		✓
STATUS	Special Diet		✓
	Appearance		

OTHER PERTINENT NURSING ASSESSMENT

Signature of Nurse Completing Assessment (Sending Nurse) 1/29/04 Date

NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)

		Yes	No
SKIN	Open Sores		✓
	Lice		✓
	Edema		✓
	Warm & Dry	✓	
	Cool & Moist		✓
CONDITION	Alert	✓	
	Oriented	✓	
	Uncooperative		✓
	Depressed		

INTAKE

Sick Call Procedures Explained	yes
Height	6'2"
Weight	213
Blood Pressure	120/76
Temperature	98
Pulse Resp.	76-19
Other	

Katie Baily 1/31/04
Signature of Intake Screening Nurse (Receiving Nurse) Date

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Pugh, Cedric	182373	[redacted]	B/M	Ecc

PHS-MD-70009

(White - Medical Jacket, Yellow - Transfer Coordinator)

NaphCare

Physician's Progress Notes

Date	Time	Notes Must Be Signed By Physician

Name - Last: Pugh, Cedric | First | Middle | Inmate No.: 182373

Physician's Progress Notes

☐ Continued on Reverse

NCO